ALLEGHENY COUNTY CHILD DEATH REVIEW

2020 ANNUAL REPORT

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Report prepared by:

Office of Family and Child Health

807 Wallace Avenue, Pittsburgh, PA 15221

Dannai Wilson, MS, Deputy Director Community and Family Health

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TECHNICAL GLOSSARY

Infant – A child under one year of age.

Child – For the purposes of this report, a child in the state of Pennsylvania is any person ages 21 years or younger.

Teenager – A child between the ages of 13 and 17.

Maternal – Relating to the parent who gave birth to a child.

Live Births – A birth in which the infant is born alive (not stillborn or miscarriage).

Cause of Death – The official determination of the conditions that resulted in the death of a child.

Manner of Death – The circumstances under which a child died. There are five main categories of Manner of Death.

- **Natural** – The death was the result of a naturally occurring disease or medical issue.
- **Accident** – Unintended and unintentional death not by suicide, homicide, or a natural cause. EX: slip and fall traffic collision, accidental poisoning, etc.
- **Homicide** – Death caused by another human.
- **Suicide** – Death caused by the deceased, with conscious intent.
- **Undetermined** – A death in which there is not enough evidence to determine a manner of death.

Safe Sleep Conditions – Referring to the sleeping conditions of an infant. Safe sleep conditions are defined as the infant sleeping on their back in a crib, Pack N Play, or bassinet that is free of any objects (including blankets, toys, animals, or other people) that may pose a risk to the infant.

Sudden Unexpected Infant Death (SUID) – consists of Sudden Unexpected Infant Death Syndrome (SUID), unknown causes of death, and unintentional suffocation/strangulation in bed.

Sudden Infant Death Syndrome (SIDS) – A sleep-related infant death is only ruled a SIDS death when no other cause (such as suffocation or unsafe sleep conditions) can be identified.

Fetal Alcohol Syndrome –occurs when an infant has been exposed to alcohol during pregnancy. This syndrome can result in growth problems, brain damage, and irreversible physical defects such as distinctive facial features, joint deformities, and vision and hearing impairments. There is no safe amount of alcohol that can be consumed during pregnancy.

Neonatal Abstinence Syndrome – occurs when an infant has been exposed to substances such as opioids or other drugs during pregnancy and experiences symptoms of withdrawal after birth. Symptoms include body shakes and tremors, seizures, poor feeding resulting in slow weight gain, breathing problems, and fever. Any prescription drug use during pregnancy should be closely monitored by a doctor or medical professional.

Opioid – a class of drugs used to reduce pain. They include both legal and illicit drugs. They have addictive properties. They are a leading cause of overdose deaths.

Substance Use Disorder – a complex condition in which there is uncontrolled use of a substance despite harmful consequences. People with SUD have an intense focus on using a certain substance(s) such as alcohol, tobacco, or illicit drugs, to the point where the person's ability to function in day-to-day life becomes impaired. People keep using the substance even when they know it is causing or will cause problems. The most severe SUDs are sometimes called addictions.

Overdose – a dangerously high dose of a drug that may result in serious bodily harm or death. This can happen with prescribed or illicit drugs.

Naloxone – a life-saving medication that can reverse an overdose from opioids—including heroin, fentanyl, and prescription opioid medications—when given in time. It works by binding to the opioid receptor to reverse the effect of opioids.

Harm-Reduction – a public health practice aimed at reducing the social and physical consequences of certain human behaviors, such as drug use.

Social Stigma – the disapproval of or negative attitudes towards certain persons/groups based on a perceived identity.

Socioeconomic Status (SES) – SES is determined by family income, parents' education level, and parents' occupation.

Inequity – unfair differences or treatment between two or more groups.

Abbreviations and Initialisms:

ACHD: Allegheny County Health Department

ACCDRT: Allegheny County Death Review Team

CDC: Centers for Disease Control and Prevention

CDR: Child Death Review

EMS: Emergency Medical Services

MVC: Motor Vehicle Crash

NCHS: National Center for Health Statistics

SUID: Sudden Unexpected Infant Death

SIDS: Sudden Infant Death Syndrome

SES: Socioeconomic Status

WIC: Special Supplemental Nutrition Program for Women, Infants, and Child

BACKGROUND

History and Purpose of CDR

The Child Death Review (CDR) process happens in some capacity in all 50 states and the District of Columbia. A CDR Team is composed of local health department officials, medical professional, social service providers, and law enforcement. This team's purpose is to review the deaths of every child in their municipality (usually a county) to determine the social, economic, and health factors that may have contributed to that death, to take note of interventions that could have prevented the death and make recommendations to reduce child death in that municipality moving forward. The CDR process usually culminates in an end of year Child Death Review Report which includes the child death statistics reviewed by the team as well as the team's recommendations.

The state of Pennsylvania established a county-by-county CDR process with the passing of Act 87, The Public Health Child Death Review Act, in 2008. However, Allegheny County has performed a Child Death Review in some capacity since 1997. The goal and purpose of the Allegheny County CDR Team is to identify trends and risks associated with child death in order to promote and protect the health and wellbeing of the children of Allegheny County.

This Report

The majority of the data in this report was taken from death certificate records for individuals aged 0 to 21 years who were residents of Allegheny County at the time of their deaths. As of July 2022, the Allegheny County Health Department has not yet received the finalized death certificate records for the year 2020 from the state of Pennsylvania. Therefore, the data included for the year 2020 is based on preliminary data which is, in some areas, is incomplete. Findings related to deaths occurring in the year 2020 should be interpreted with caution. Other data pertaining to details about cases that were reviewed by the ACCDRT come from a dataset maintained by that team.

OVERVIEW

From 2011 through 2020, there were 1,734 deaths of children aged 21 and younger in Allegheny County. While there was an average of 173 deaths per year over this ten-year period, the deaths were not evenly distributed. As seen in Figure 1, there was an increase in the total number of child deaths from 2015 to 2017 and a decline in child deaths in 2018 through 2020. Over this period, the average death rate for children aged 0-21 in Allegheny County was 58.7 per 100,000. [1]

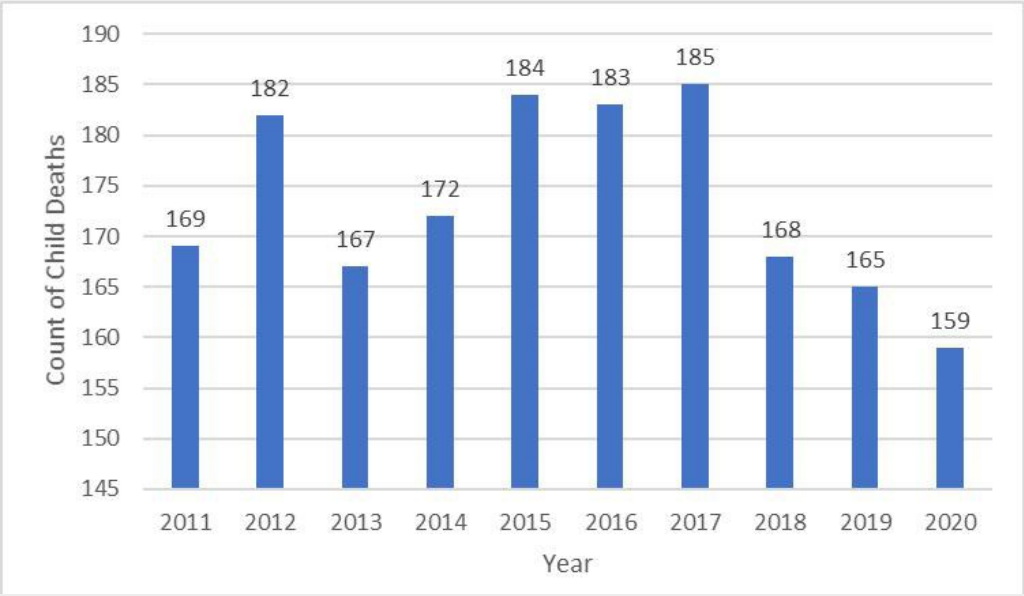


Figure 1. Annual Number of Deaths of Children Aged 0-21 in Allegheny County, 2011-2020, N=1734

Children at each end of the birth to 21- year age range make up most of the deaths. (Figure 2). Death of infants represent nearly half (46%) and death of those 18 to 21 represent 32% of the overall child deaths in the county from 2011 to 2020.

Over the ten-year period from 2011 to 2020, almost twice as many male children aged 0 to 21 died as female children aged 0 to 21 (Table 1). The death rate for male children aged 0 to 21 was 75.6 per 100,000 during this ten-year period, 1.8 times higher than that of female youths aged 0 to 21, 41.3 per 100,000.[1]

Table 1. Deaths of Allegheny County Residents Aged 0-21 by Sex, 2011-2020, N=1734

Sex	
Male	Female
1134	600
65%	35%

[1] CDC WONDER | Bridged-Race Population Estimates, United States July 1st resident population by state, country, age, sex, bridged-race, and Hispanic Origin | NCHS

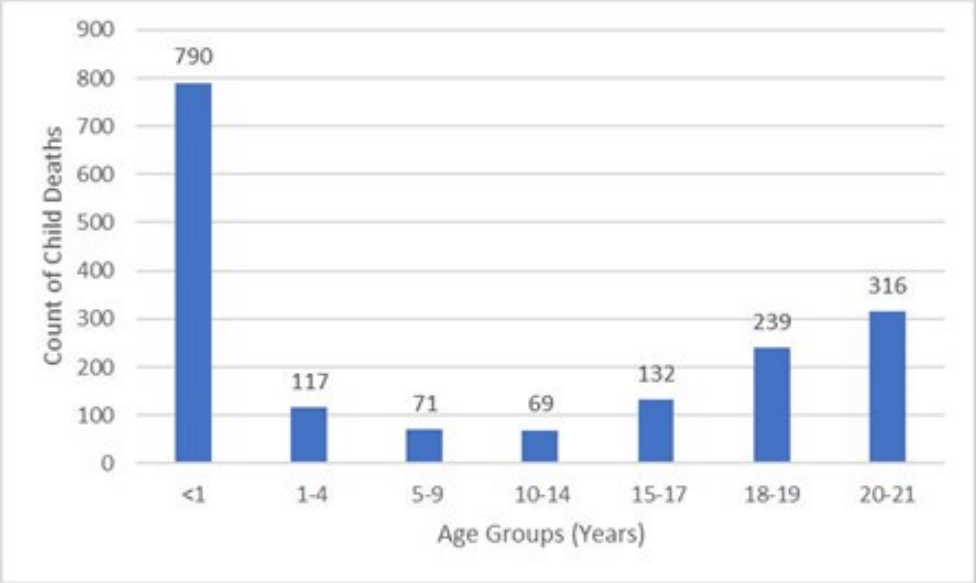


Figure 2. Deaths of Allegheny County Residents Aged 0-21 by Age Group, 2011-2020, N=1734

There were racial disparities in the distribution of child deaths from 2011 to 2020. Black children made up only 20% of population [1] aged 0 to 21 years but accounted for 45% of the deaths in this ten-year period (Table 2).

Race/Ethnicity						
White	Black	Asian	AI/AN	Other	Unknown	Hispanic
799	786	34	10	72	53	34
45%	45%	2%	1%	4%	3%	2%

Table 2. Deaths of Allegheny County Residents Aged 0-21 by Race/Ethnicity, 2011-2020, N+1734

***Note:** Hispanic ethnicity is coded separately from race in Pennsylvania death certificates and can include any race.

From 2011 to 2020, the death rate of Black children was consistently greater than that of White children (Figure 3). There was a decrease in the death rate of Black children after 2017, but the rate did not change greatly nor consistently trend down over this ten-year period. The average death rate for Black children aged 0 to 21 over this period was 130.6 per 100,000. The average death rate for White children from 2011 to 2020 was 35.5 per 100,000.[1]

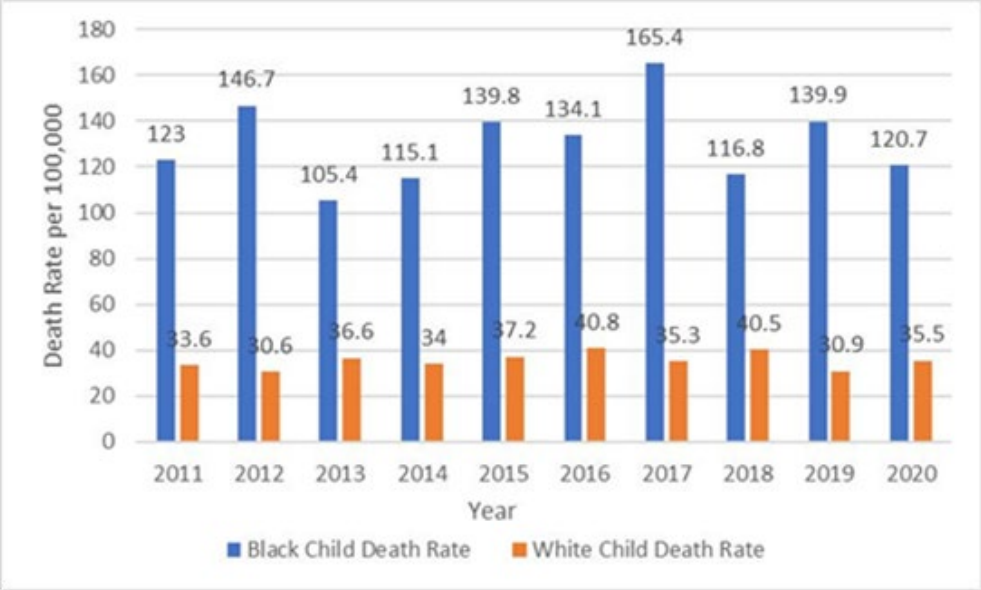


Figure 3. Annual Death Rates of Allegheny County Residents Aged 0-21 by Race, 2011-2020

The degree of inequity in the death rate between Black and White children from 2011 to 2020 is demonstrated in the death rate ratio (Figure 4). The average ratio over this ten-year period was 3.7, meaning that Black children died at a rate 3.7 times higher than their white counterparts. Had the death rate for Black children matched that of White children, 572 fewer children would have died over the ten-year period.

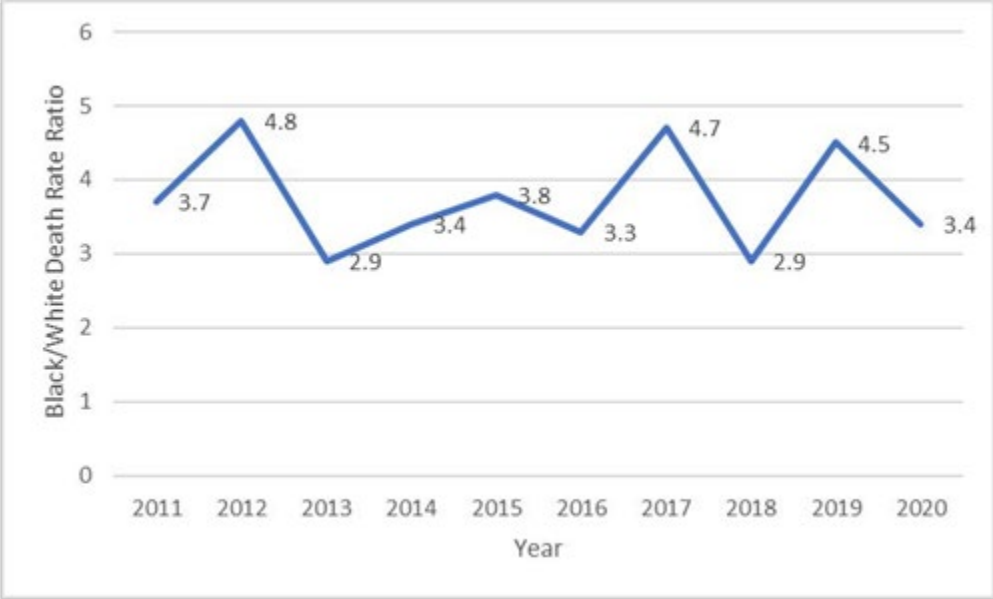


Figure 4. Black/White Child Death Rate Racial Inequity Ratio, 2011-2020

Separating the death rates further by sex and race reveals that Black males aged 0 to 21 die at a far greater rate than Black females and White children (Figure 5). The Black male child death rate has also been the most variable over this time period, ranging from 147.1 to 234.0 per 100,000.[1] The White female child death rate was the least variable over this time, but 2020 did see the highest White female child death rate in the last ten years at 32.3 per 100,000.[1]

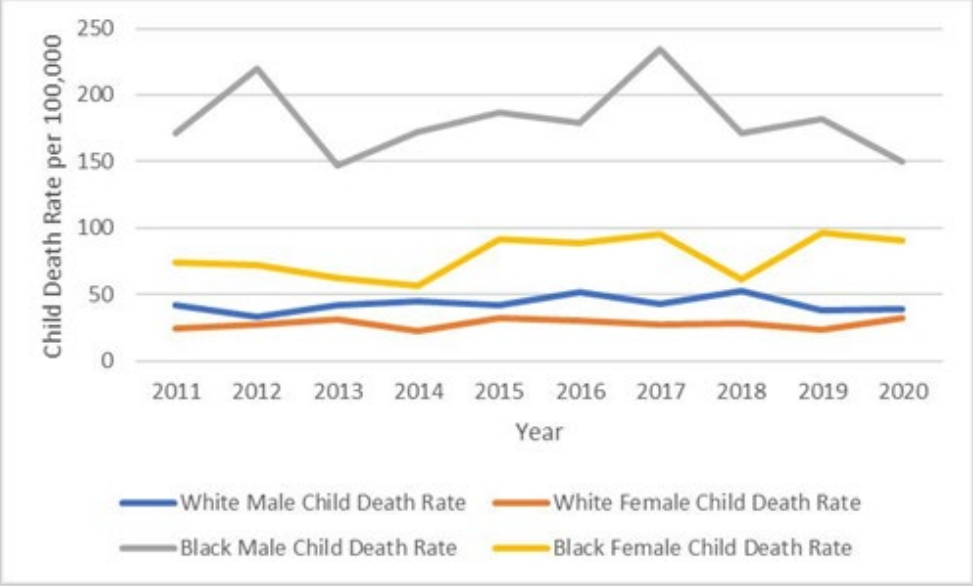


Figure 5. Death Rates of Allegheny County Residents Aged 0-21 by Race and Sex, 2011-2020

In addition to age, sex, and race, the distribution of child deaths in Allegheny County varied by municipality of residence. Figure 6 demonstrates the 10 municipalities with the most child deaths from 2011 to 2019. Allegheny County has 130 municipalities, Pittsburgh being the most populous with over seven times more people than the next most populous municipality.[2] It follows that Pittsburgh had the highest number of child deaths.

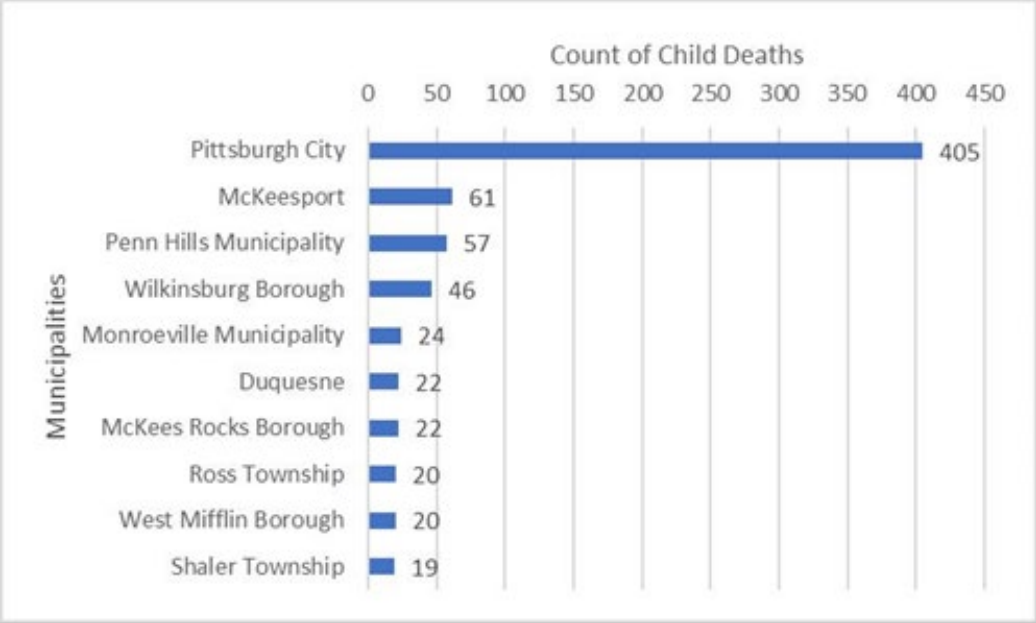


Figure 6. Deaths of Allegheny County Residents Aged 0-19 by Municipality, 2011-2019

Note: Analyses of deaths by municipality exclude individuals aged 20 to 21 in order to align with available census data.

However, the remainder of the municipalities with the most child deaths do not follow in order of population size. While some municipalities have larger numbers of child deaths as a function of larger populations, others have larger numbers of child deaths as a function of higher child death rates. Municipalities including McKeesport, Wilkinsburg Borough, Duquesne, and McKees Rocks Borough experienced a disproportionate rate of child deaths in comparison to others (Table 3).[2]

Table 3. Death Rates of Allegheny County Residents Aged 0-19 by Municipality, 2011-2019

Municipality	Death Rate per 100,000 of Children Aged 0-19, 2011-2019
Pittsburgh City	65.5
McKeesport	147.1
Penn Hills Municipality	71.6
Wilkinsburg Borough	167.6
Monroeville Municipality	49.0
Duquesne	133.2
McKees Rocks Borough	160.3
Ross Township	38.9
West Mifflin Township	49.7
Shaler Township	37.2

There are many factors that contribute to the varying rates of child death. In addition to other social factors, individual-level poverty and area-level poverty are significant contributors to death in the United States.[3] Figure 7 illustrates the association between child deaths and poverty in Allegheny County in 2019 (the year with the most recent finalized death certificate data). Each shaded region represents an individual census tract, and the darker the shading, the higher the poverty

[2] US Census Bureau | American Community Survey (5-Year Estimates) | 2011-2020

[3] Galea S, Tracy M, Hoggatt KJ, Dimaggio C, Karpati A. Estimated deaths attributable to social factors in the United States. Am J Public Health. 2011 Aug;101(8):1456-65.

rate in that census tract. While many regions of the county experienced child deaths, deaths of children of all age groups (<1, 1-17, and 18-21) were clustered in areas of the county with the highest poverty rates. Many of these regions are located within the neighborhoods in the city of Pittsburgh. McKeesport also demonstrated a cluster of child deaths in 2019.

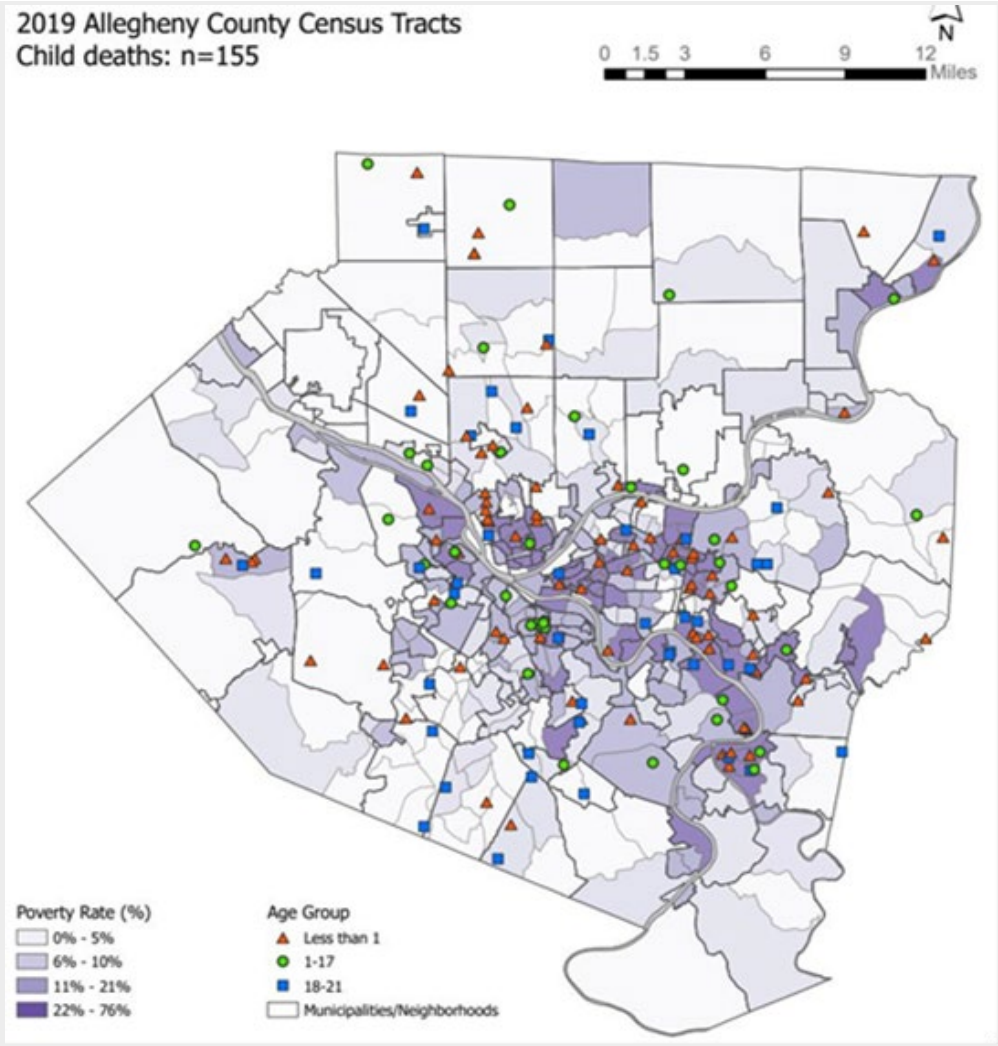


Figure 7. Child Deaths and Rates of Poverty

***Note:** This figure was prepared by the Allegheny County Health Department Bureau of Data, Reporting, and Disease Control
Sources: 2019 Census Bureau, 2019 Pennsylvania Death Certificate, Pennsylvania Department of Health
Classification: Quantile

When a doctor or coroner completes a death certificate for an individual's death, they indicate the manner of death in addition to the medical cause of death. Manner of death is a categorization that generally describes the circumstances surrounding an individual's death. The five categories into which a death can be classified are natural, homicide, accident, suicide, and undetermined. Natural deaths include those that are caused by disease as well as conditions such as prematurity, which is an important consideration when discussing child and infant deaths. Undetermined deaths are those in which the circumstances are not entirely clear or those in which the evidence equally indicates two or more manners of death.[4]

[4] National Association of Medical Examiners. A Guide for Manner of Death Classification. 2020, 1-29.

The majority of deaths of children aged 0 to 21 in Allegheny County from 2011 to 2020 were natural (52% of all deaths) (Figure 8) and this was true across all years (Figure 9). Homicides and accidents were the second or third most common manners of deaths throughout this period.

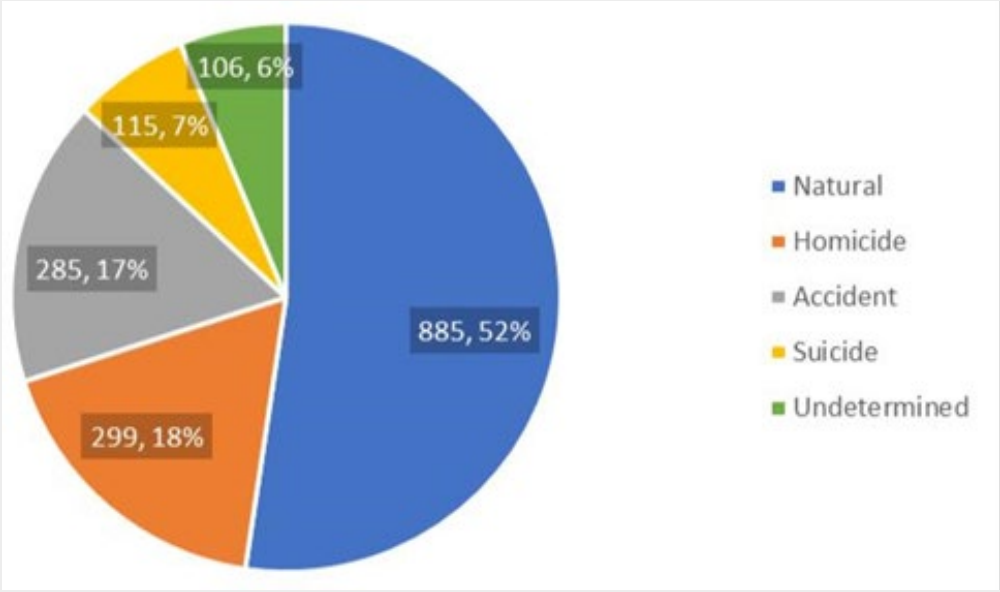
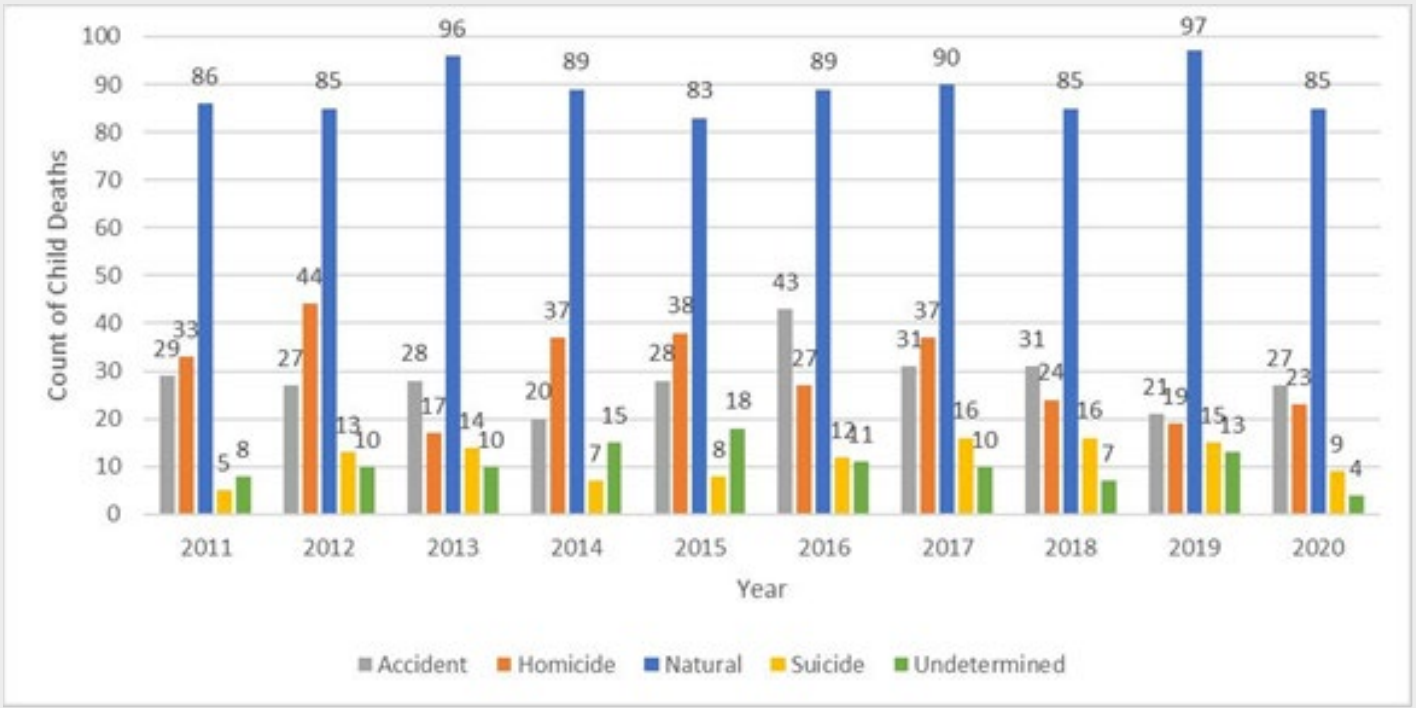


Figure 8. Deaths of Allegheny County Residents Aged 0-21 by Manner of Death, 2011-2020, N=1690

***Note:** Analyses of deaths by manner exclude cases in which the Manner of Death section of the Death Certificate was left blank or remained pending at the time of this report.

Figure 9. Deaths of Allegheny County Residents Aged 0-21 by Manner of Death by Year,0 2011-2020, N=1690



Manner of death also varies by age. For infants (Figure 10), natural deaths were by far the most common. From 2011 to 2020, an average of 75% annual natural deaths occurred in children aged <10 year. Accidents and homicides were consistently rare in this age group.

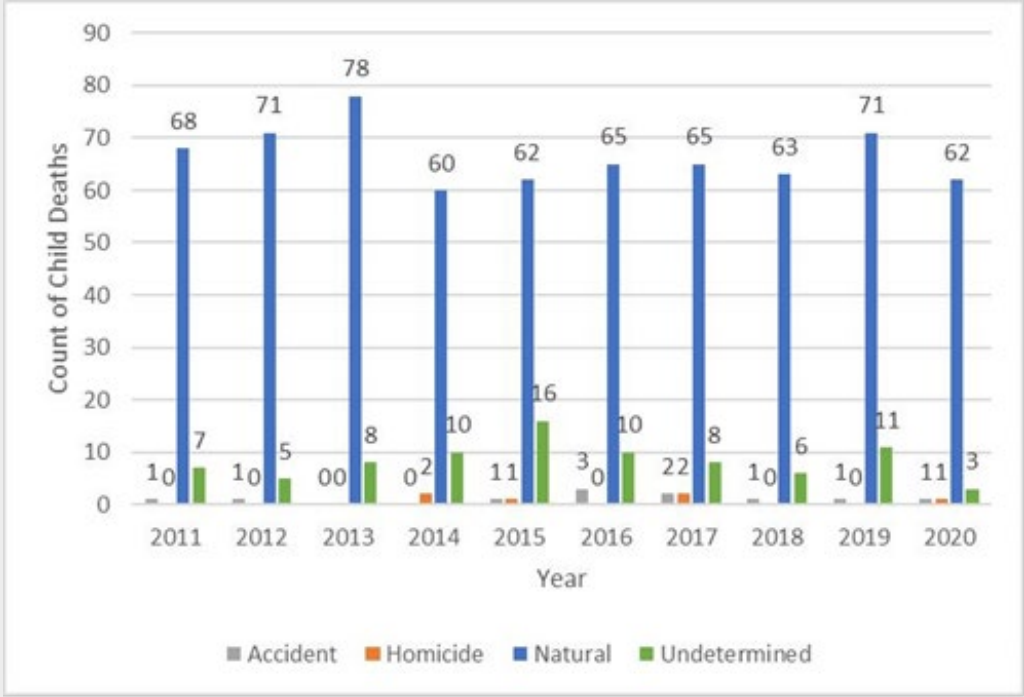
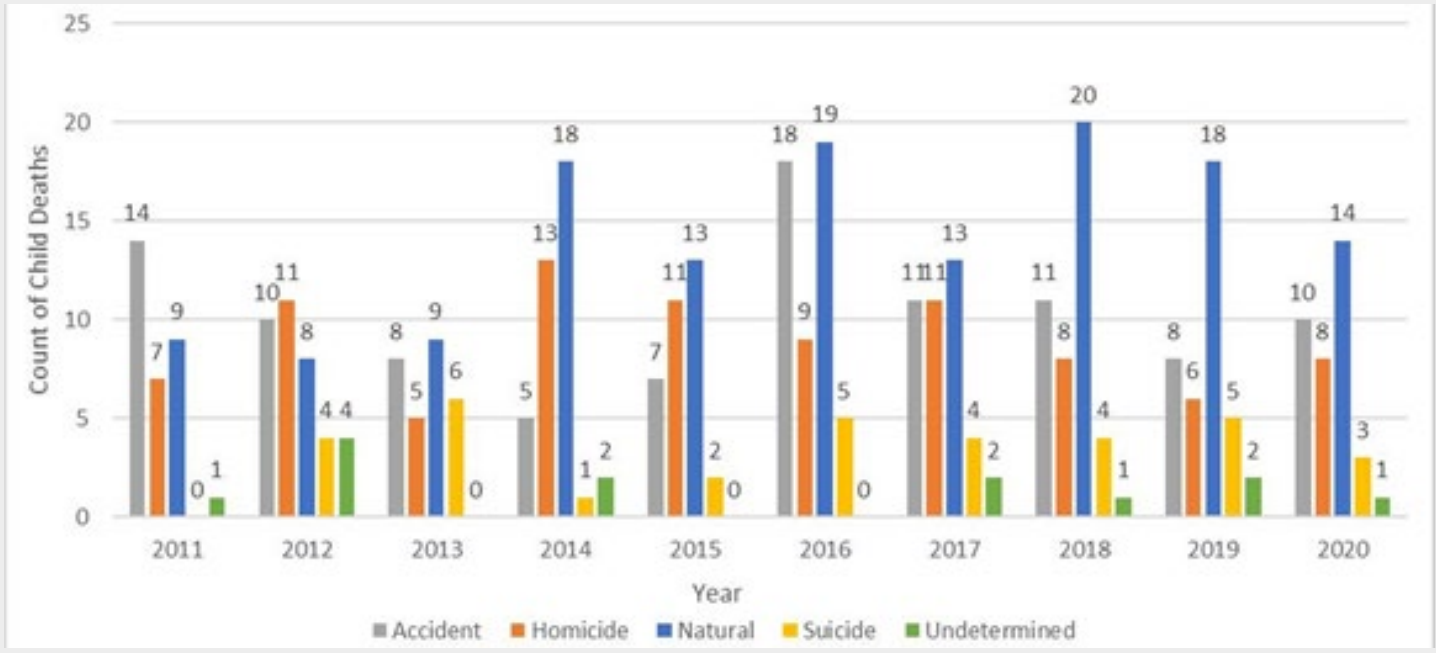


Figure 10. Deaths of Allegheny County Residents Aged <1 by Manner of Death by Year, 2011-2020, N=766

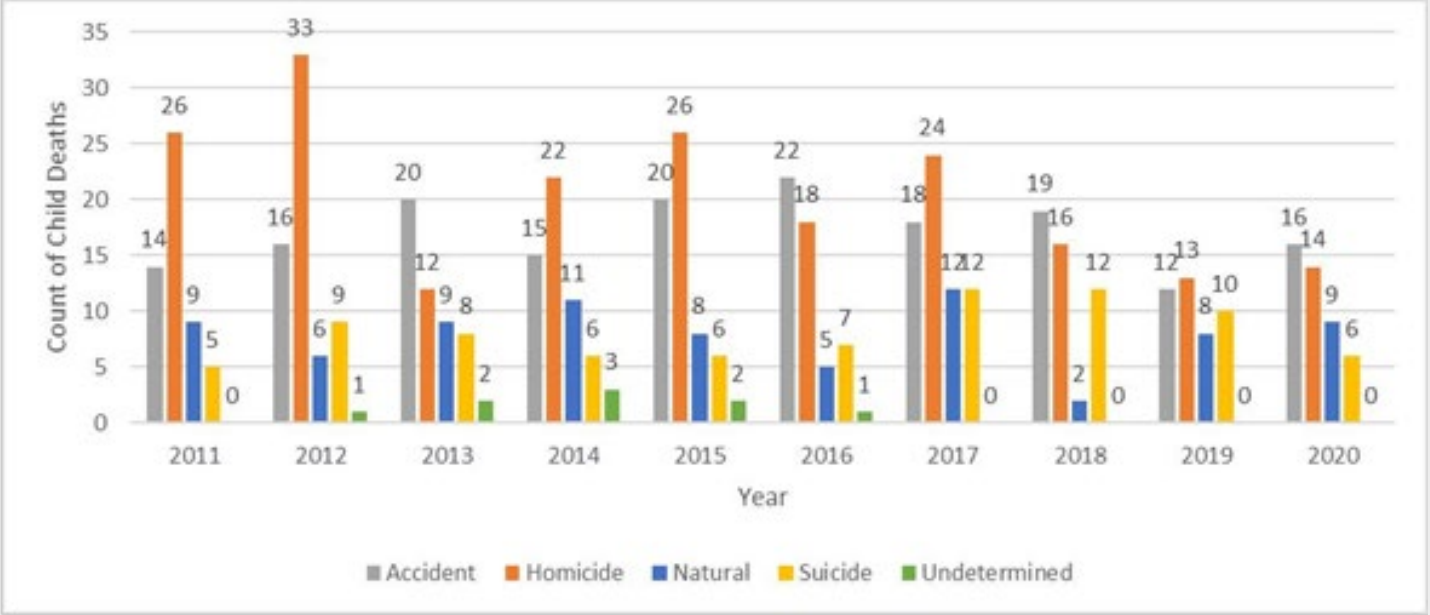
For children ages 1 to 17 (Figure 11), natural deaths made up the most prevalent category from 2013 to 2020. Annually from 2011 to 2020, natural deaths of children aged 1-17 years accounted for an average of 16% of all natural deaths. Additionally, the number of yearly natural deaths increased from 2013 to 2014 and has remained relatively higher ever since. Homicides and accidental deaths varied in this age group over this ten-year period, with the highest number of homicides in children aged 1-17 in 2014 and the highest number of accidental deaths in children aged 1-17 in 2016.

Figure 11. Deaths of Allegheny County Residents Aged 1-17 by Manner of Death by Year, 2011-2020, N=379



For deaths among those aged 18-21 (Figure 12), homicides and accidental deaths consistently accounted for more deaths than did natural death. Annually from 2011 to 2020, the homicides among youths aged 18 to 21 made up an average of 68% of all child homicides in the county. Annually, suicides in youths aged 18 to 21 made up an average of 73% of all suicides in children in Allegheny County.

Figure 12. Deaths of Allegheny County Residents Aged 18-21 by Manner of Death by Year, 2011-2020, N=545



In addition to manner of death, death certificates include classification of the underlying cause of death, which specifies the event or situation which ultimately led to an individual's death.[5] These classifications can be grouped into leading causes of death that represent a better picture of the elements that cause deaths in an area. Among individuals aged 0 to 21, the most common cause of deaths was homicide, followed closely by accidents of all kinds (Table 4). “Disorders related to short gestation and low birth weight” refers primarily to prematurity, and that category alone made up the third most common cause of death. However, cases categorized as "Newborn affected by complications of placenta, cord and membranes" and "Newborn affected by maternal complications of pregnancy" also often included prematurity as contributing factors. Thus, together, these three categories actually make up the largest portion of all child deaths in Allegheny County at 331 deaths from 2011 to 2020. This group also partially explains the predominance of natural deaths observed in children aged <1 year, as deaths related to prematurity and prenatal complications are classified as natural.

[5] National Vital Statistics System | ICD-10 Cause-of-Death Lists for Tabulating Mortality Statistics | CDC NCHS

The last column of Table 4 demonstrates the portion of each leading cause of death category that consisted of Black children. The areas in which Black children were most disproportionately affected include homicides, newborn affected by complications of the placenta, cord and membranes, bacterial sepsis of newborn (blood stream infections), sudden infant death syndrome, and newborn affected by maternal complications of pregnancy. However, as mentioned above, Black children aged 0 to 21 years made up only 20% of the child population during this time period, so there was racial inequity in each of the top 15 leading causes of death described here.

Table 4. Deaths of Allegheny County Residents Aged 0-21 by Top Leading Causes of Death, 2011-2020

Category	Deaths (n)	Black Deaths (% of Total)
Assault (Homicide)	293	84%
Accidents	289	30%
Disorders related to short gestation and low birth weight	230	40%
Congenital malformations, deformations and chromosomal abnormalities	117	38%
Intentional self-harm (Suicide)	114	21%
Sudden infant death syndrome	82	45%
Newborn affected by complications of placenta, cord and membranes	52	50%
Malignant neoplasms	51	25%
Newborn affected by maternal complications of pregnancy	49	43%
Diseases of heart	31	35%
Bacterial sepsis of newborn	25	48%
Septicemia	14	36%
Atelectasis	13	38%
Influenza and pneumonia	10	40%
Neonatal hemorrhage	10	40%

*Note: Leading causes of death were determined by the categories specified by the NCHS List of 1130 Selected Causes of Death (individuals aged 1-21) and List of 130 Selected Causes of Infant Death (individuals <1).

INTENTIONAL INJURY

Intentional injuries are injuries that are the result of purposefully inflicted violence. Some examples of this are sexual assault, domestic violence, aggravated assault, and self-inflicted injuries.[6] Risk factors for intentional injury include access to firearms, alcohol abuse, mental illness, and poverty.[7] This report will focus on two forms of intentional injury that result in death: homicide and suicide.

As shown in Table 5, there were 407 intentional injury deaths among children from 2011-2020 in Allegheny County. This means that there was an average of 40.7 intentional injury deaths per year for that 10-year period. However, the numbers show that these deaths disproportionately impacted the 18-19 and 20-21-year age groups, making up 34% and 35% of these deaths, respectively. A large number of these deaths were homicides (Figure 13) and a large number involved the use of, and therefore access to, a firearm (Figure 17). These statistics may explain this disproportionality.

Age Group (Years)					
0-4	5-9	10-14	15-17	18-19	20-21
22	8	20	78	137	142
5%	2%	5%	19%	34%	35%

Table 5. Intentional Injury Deaths Among Allegheny County Residents Aged 0-21 Years by Age Group, 2011-2020, N=407

Table 6 shows all intentional injury deaths in Allegheny County from 2011 to 2020 broken down by sex and race/ethnicity. Males were disproportionately impacted by intentional injury deaths, making up 86% while females made up only 14%. The Black population was also disproportionately impacted, making up 66% of intentional injury deaths while only 30% of intentional injury death victims were white, 1% were Asian, 1% were Hispanic, less than 1% were American Indian/Alaska Native, and 3% were of unknown race/ethnicity.

Table 6. Intentional Injury Deaths Among Allegheny County Residents Aged 0-21 Years by Sex and by Race, 2011-2020, N=407

Sex		Race/Ethnicity					
Male	Female	White	Black	AI/AN	Asian	Other/Unknown	Hispanic
348	59	122	269	1	4	11	5
86%	14%	30%	66%	0%	1%	3%	1%

***Note:** Hispanic ethnicity is coded separately from race in Pennsylvania death certificates and can include any race.

[6] RI Injury Prevention: Department of Health

[7] Intentional Injury | Division of Disease Prevention | MeCDC | Maine DHHS

INTENTIONAL INJURY: HOMICIDE

In the U.S., violence is a leading cause of injury and death for young people. Homicide is the third leading cause of death for young people in the U.S. On average, 13 people under the age of 24 years are murdered each day. An additional 1,100 children and young adults visit emergency rooms each day for non-fatal assault-related injuries.[8]

The 2017 U.S. homicide rate was 8.7 deaths per 100,000 youths aged 15-19 years.[9] The average rate in Allegheny County was more than two times higher, with 20.9 deaths per 100,000 youths aged 15-19 from 2011 to 20201. (Most nationally reported data does not align with the 0 to 21 year age group.) As seen in Figure 13, between the years 2011 and 2020, 293 homicides occurred in Allegheny County among youths 21 years old and younger, an average of 29 deaths per year. Although the yearly number of homicides has varied, the number of homicides was lower from 2018 to 2020 than from 2014 to 2017. As demonstrated in Figure 14, the city of Pittsburgh experienced the highest number of child homicides of any municipality over this ten-year period. Other municipalities with high counts of child homicides included McKeesport, Penn Hills, and Wilkinsburg.

KEY HOMICIDE STATISTICS:

In Allegheny County, between 2011 and 2020:

- 293 youths ≤ 21 years of age died from homicide.
- 75% of these homicide victims were Black males
- The homicide rate was 21 times higher for Black individuals than for White individuals
- 87% of youth homicide victims were ages 15 to 21 years.
- Firearms were used in 89% of youth homicides

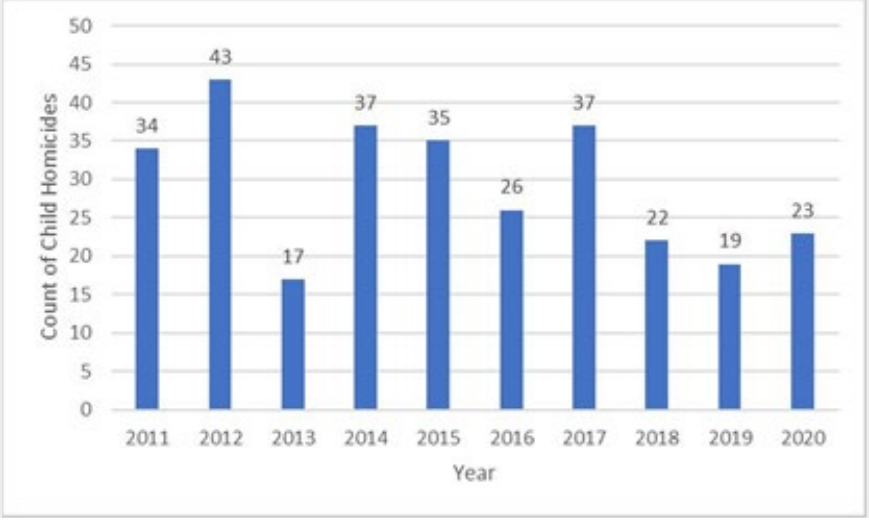


Figure 13. Annual Homicides Among Allegheny County Residents Aged 0-21 Years, 2011-2020, N=293

[8] Preventing Youth Violence |Violence Prevention|Injury Center|CDC.
[9] Curtin SC, Heron M. Death Rates Due to Suicide and Homicide Among Persons Aged 10-24: United States, 2000-2017. NCHS Data Brief. 2019;(352):1-8.

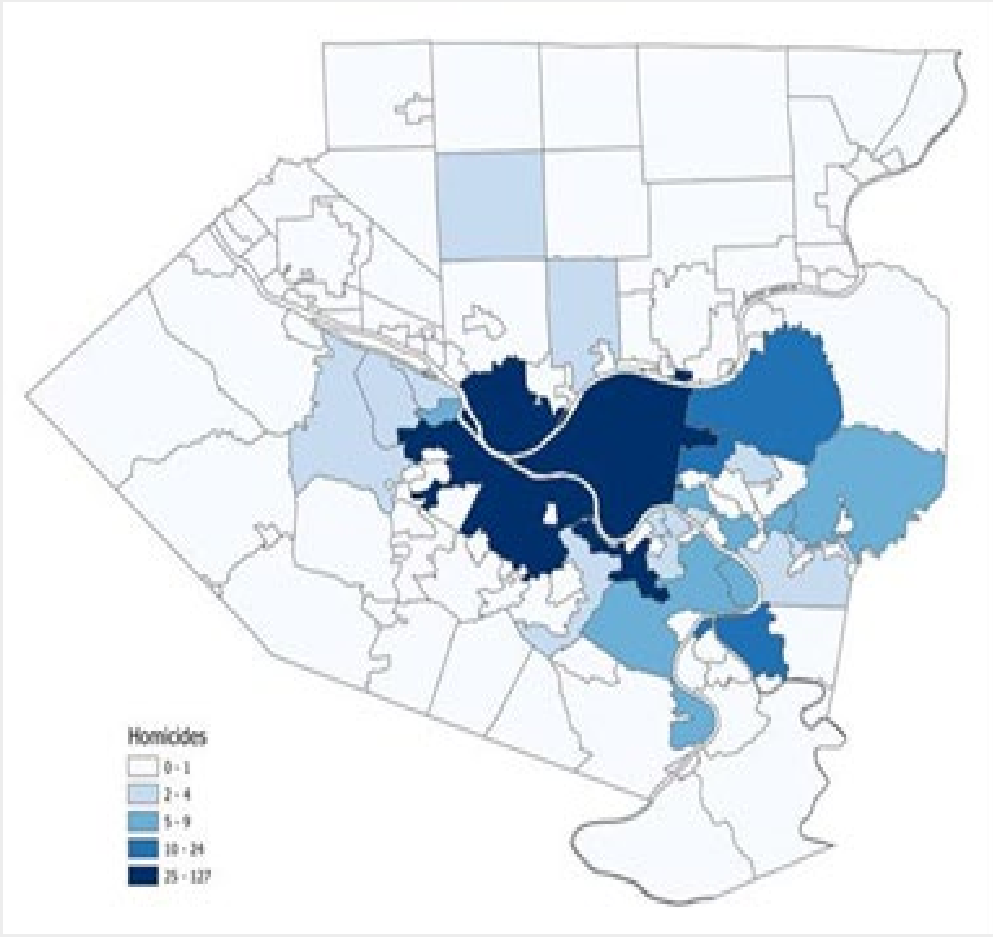


Figure 14. Homicides Among Allegheny County Residents Aged 0-21 Years by Municipality of Residence, 2011-2020

The distribution of ages of children who died by homicide in Allegheny County from 2011 to 2020 differed from the distribution of ages of children who died of all causes (Figure 15). Over two-thirds of homicides during this period

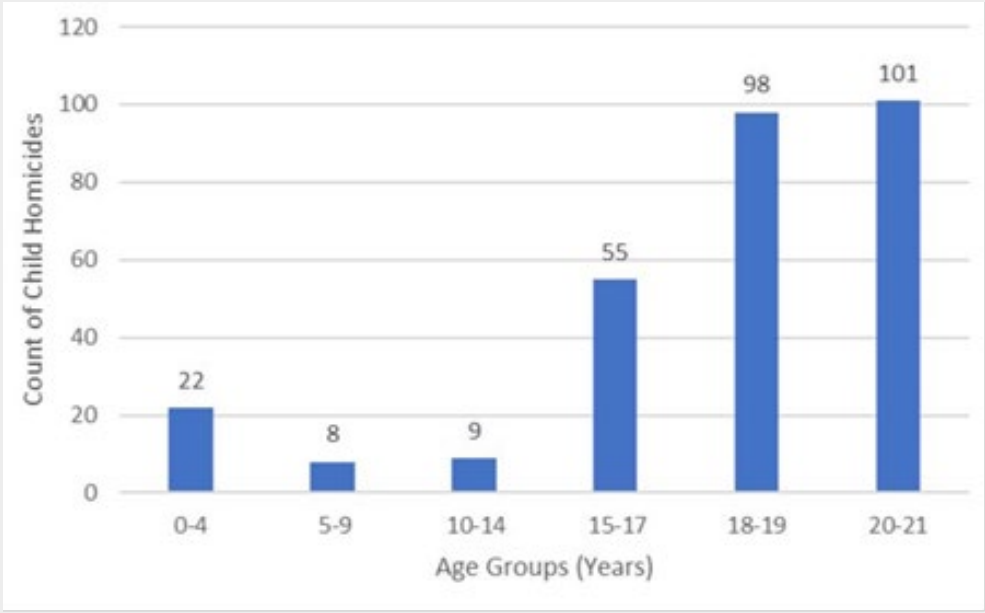


Figure 15. Homicides Among Allegheny County Residents Aged 0-21 Years by Age Group, 2011-2020, N=293

occurred in youths aged 18 to 21 years (68%). There were more deaths among children aged 0 to 4 years than there were in those aged 5 to 9 years or 10 to 14 years.

Homicides also variably impacted children by race and sex (Table 7). From 2011 to 2020, 83% of homicides of children aged 0 to 21 occurred in Black children. This represents a large disparity in Allegheny County from 2011 to 2020, as the homicide rate for White individuals aged 0 to 21 years was 1.9 per 100,000 and the homicide rate for Black individuals aged 0 to 21 years was 40.7 per 100,000. This means that Black youths died from homicide at a rate over 21 times greater than did White youths. Males were more significantly affected by homicide over this ten year period, comprising 87% of child homicides (Table 7). Figure 16 combines the sex and race demographics, demonstrating that Black males were most affected by child homicide from 2011 to 2020 (75%). Figure 16 also illustrates that the inequity in homicide death by sex is not consistent across race, as males made up 71% of White children who died via homicide but 90% of Black children who died via homicide.

Table 7. Homicides Among Allegheny County Residents Aged 0-21 Years by Sex and by Race and Ethnicity, 2011-2020, N=293

Sex		Race/Ethnicity				
Male	Female	White	Black	AI/AN	Other/Unknown	Hispanic
255	38	42	245	1	5	4
87%	13%	14%	83%	0%	2%	1%

*Note: Hispanic ethnicity is coded separately from race in Pennsylvania death certificates and can include any race.

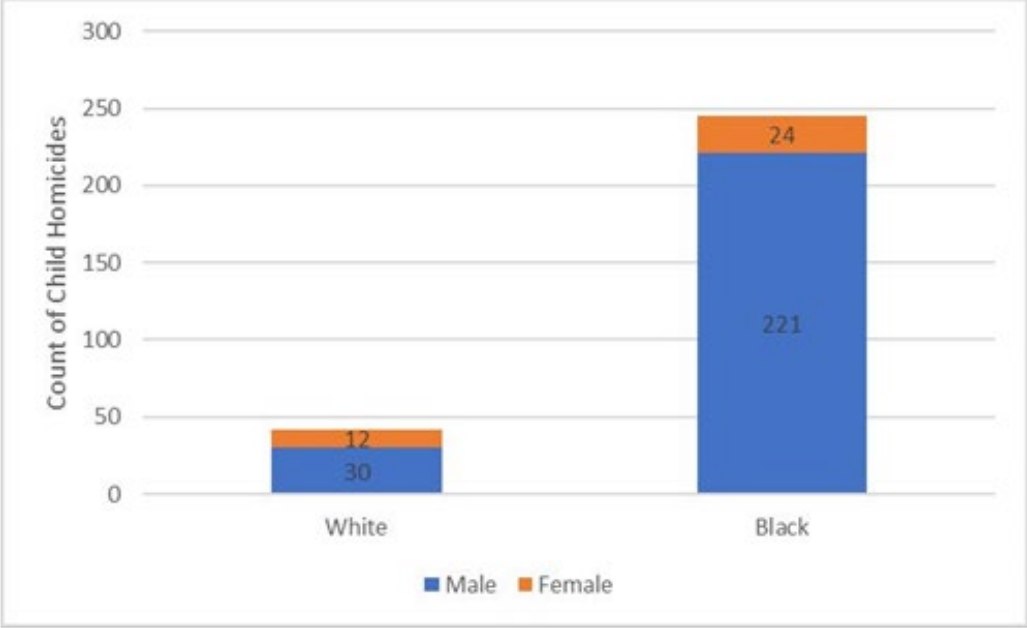


Figure 16. Homicides Among White and Black Allegheny County Residents Aged 0-21 Years by Sex and Race Combined, 2011-2020, N=287

As shown in Figure 17, a vast majority of child homicides in Allegheny County from 2011 to 2020 were caused by firearms (89%). Fires, child maltreatment and neglect, and all other manners of homicide comprised the other 11% of child homicides during this time period.

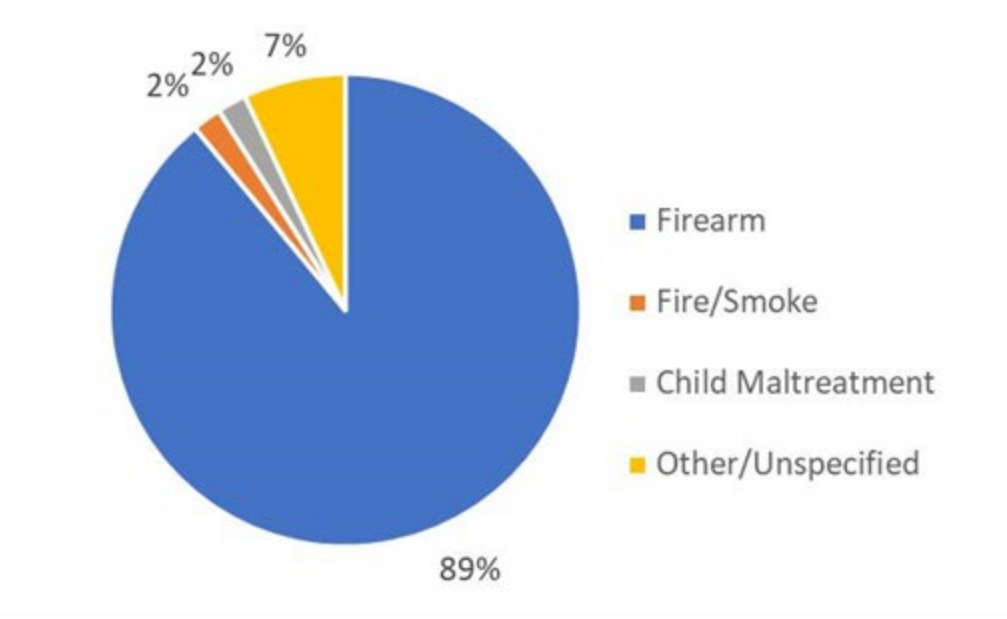


Figure 17. Homicide Among Allegheny County Residents <21 Years by Specific Manner, 2011-2020

Major national risk factors for homicide include a history of incarceration, a history of substance abuse, a history of mental illness, difficulties in school, and lack of adult supervision. [10] As the ACCDRT reviewed child homicide cases, the team kept a record of the incidence of some of these types of risk factors among the reviewed cases. Notable risk factors that contributed to child homicide cases in Allegheny County between 2018 and 2020 are listed in the box to the right.

YOUTH HOMICIDE VICTIM RISK FACTORS IDENTIFIED BY THE ACCDRT, 2018-2020:

- 24% of youth homicide victims had received prior mental health services
- 15% of victims had a criminal history
- 12% of victims had a caregiver with a criminal history
- 12% of victims had a history of substance abuse
- 15% of victims had a caregiver with a history of substance abuse

The psychological and emotional impact of a homicide on family and community is significant and far reaching. Though homicide is a complex issue, it is preventable and requires a multi-faceted approach to reduce neighborhood violence, build partnerships with law enforcement, and expand prevention programs for at-risk youth and their families.[8]

[10] A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors.

INTENTIONAL INJURY: SUICIDE

In the U.S., suicide is a significant public health problem. According to the CDC, suicide is the second leading cause of death for youth between the ages of 14 and 18 years.[11]

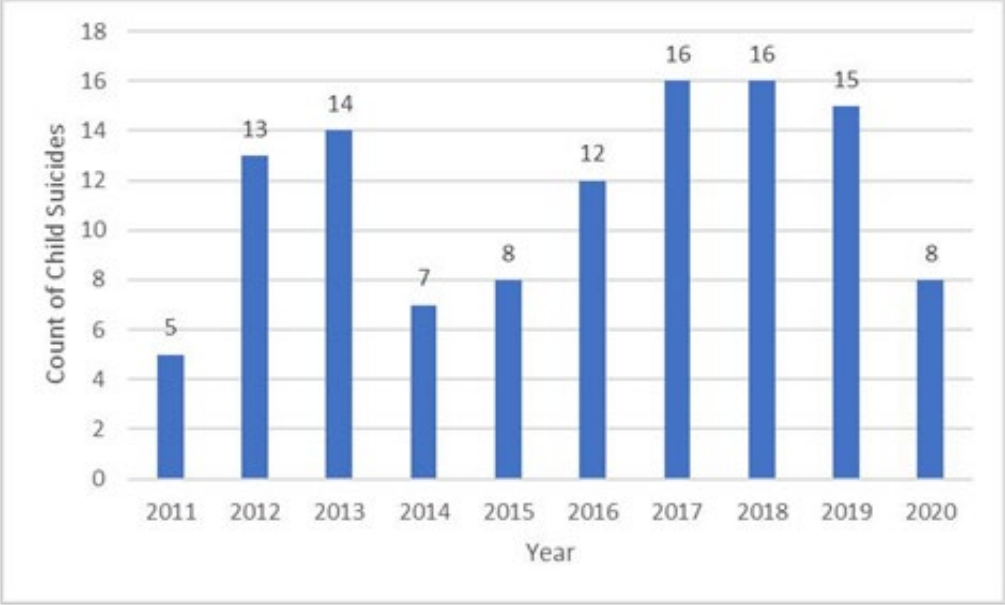


Figure 18. Annual Suicides Among Allegheny County Residents Aged 0-21 Years, 2011-2020, N=114

Compared to the U.S. suicide rate in 2017 of 11.8 deaths per 100,000 youths aged 15-19 years,[7] the rate in Allegheny County from 2011 to 2020 was lower at 8.5 deaths per 100,000.[1] Between 2011 and 2020, there were 114 deaths by suicide in Allegheny County among youth 21 years old and younger, an average of 11 deaths per year (Figure 18). Suicides in Allegheny County spiked from 2016 to 2018, with those years recording the highest annual number of child suicides throughout the decade. As shown in Figure 19, the city of Pittsburgh had the highest number of child suicides from 2011 to 2020. Higher counts of deaths by suicide also occurred in Pine Township, Richland Township, Ross Township, and Wilkinsburg.

KEY SUICIDE STATISTICS:

In Allegheny County between 2011 and 2020:

- 114 youths ≤ 21 years of age died from suicide.
- 82% of deaths by suicides were males
- 57% of deaths by suicide were White males
- Hanging (42%) and firearms (38%) were the two most common methods of suicide among youth

[11]. Ivey-Stephenson AZ, Demissie Z, Crosby AE, Stone DM, Gaylor E, Wilkins N, Lowry R, Brown M. Suicidal Ideation and Behaviors Among High School Students – Youth Risk Behavior Survey, United States, 2019. MMWR Suppl. 2020;69(1):47-55.

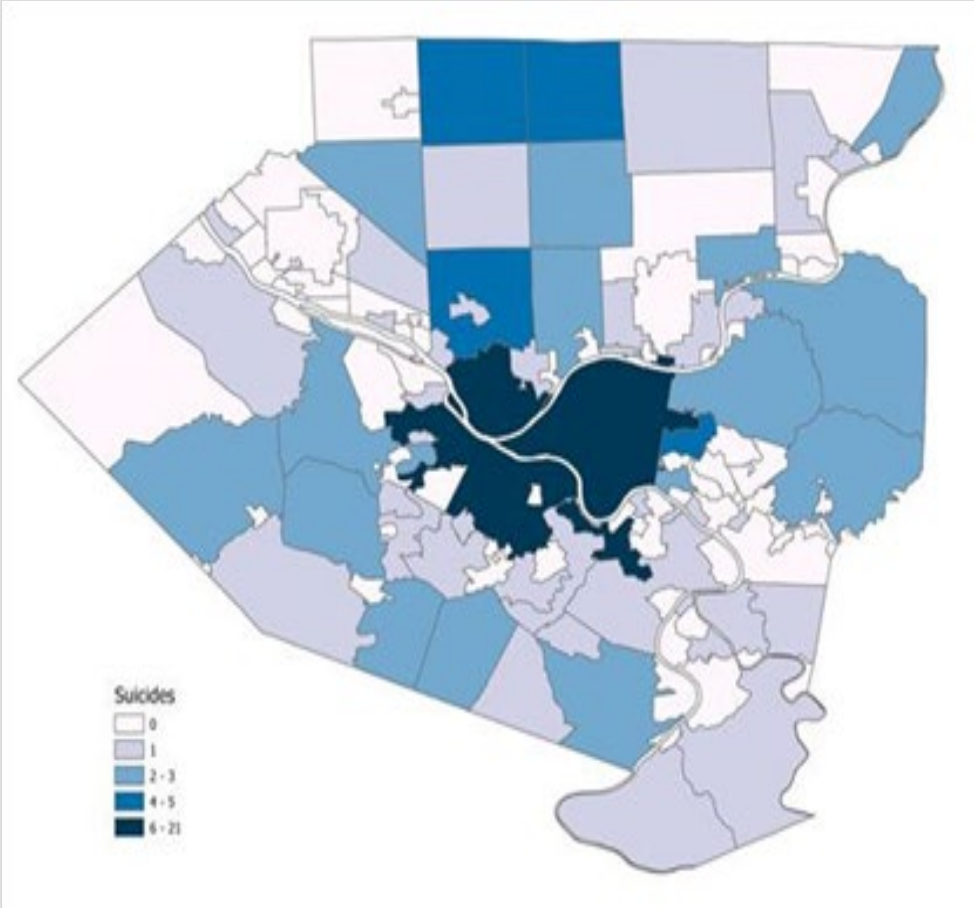


Figure 19. Suicides Among Allegheny County Residents Aged 0-21 Years by Municipality of Residence, 2011-2020

Figure 20 demonstrates that the incidence of suicide among youths in Allegheny County increases with age. Youths aged 18 to 21 made up 70% of all deaths by suicide from 2011 to 2020. However, the youngest child to die by suicide between 2011 and 2020 was 10 years old, and 10% of suicides occurred in children aged 10 to 14 years.

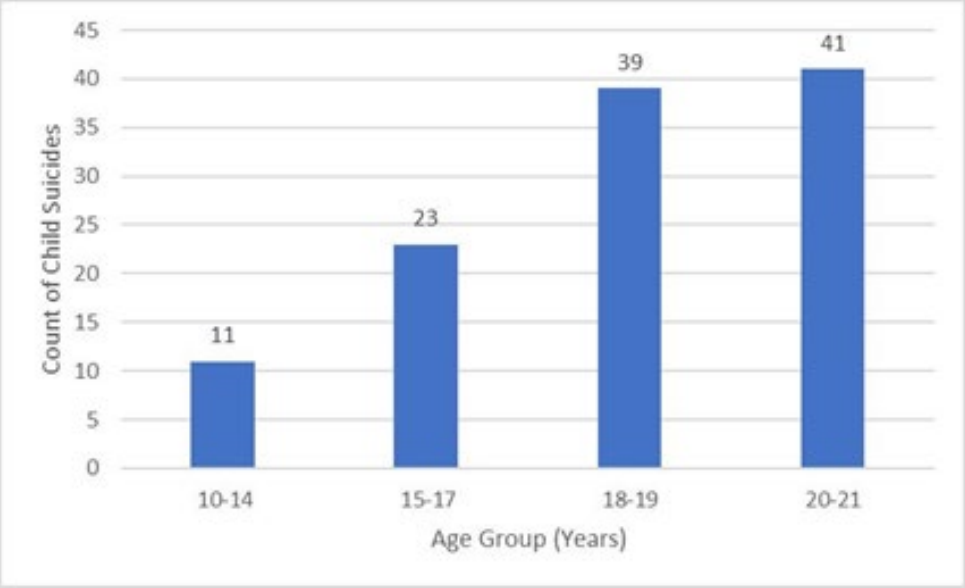


Figure 20. Suicides Among Allegheny County Residents Aged 0-21 Years by Age Group, 2011-2020, N=114

Table 8 demonstrates the demographic distribution of child suicides in Allegheny County from 2011 to 2020. 70% of youths who died by suicide during this period were White. While the suicide rate for White individuals aged 10 to 21 was 6.3 per 100,000, the suicide rate for Black individuals aged 10 to 21 years was actually higher at 7.3 per 100,000.[1]

Table 8. Suicides Among Allegheny County Residents Aged 0-21 Years by Age Group, 2011-2020, N=114

Sex		Race/Ethnicity				
Male	Female	White	Black	Asian	Other/Unknown	Hispanic
93	21	80	24	4	6	1
82%	18%	70%	21%	4%	5%	1%

***Note:** Hispanic ethnicity is coded separately from race in Pennsylvania death certificates and can include any race.

Even though many more White children died by suicide, Black children died by suicide at a rate 1.2 times greater than their White counterparts. Figure 21 further describes the demographics of the children who died by suicide in Allegheny County. 57% of deaths by suicide were white males. The disparity between males and females who died by suicide was larger among Black children, as 92% of Black children who died by suicide were male and 81% of White children who died by suicide were male.

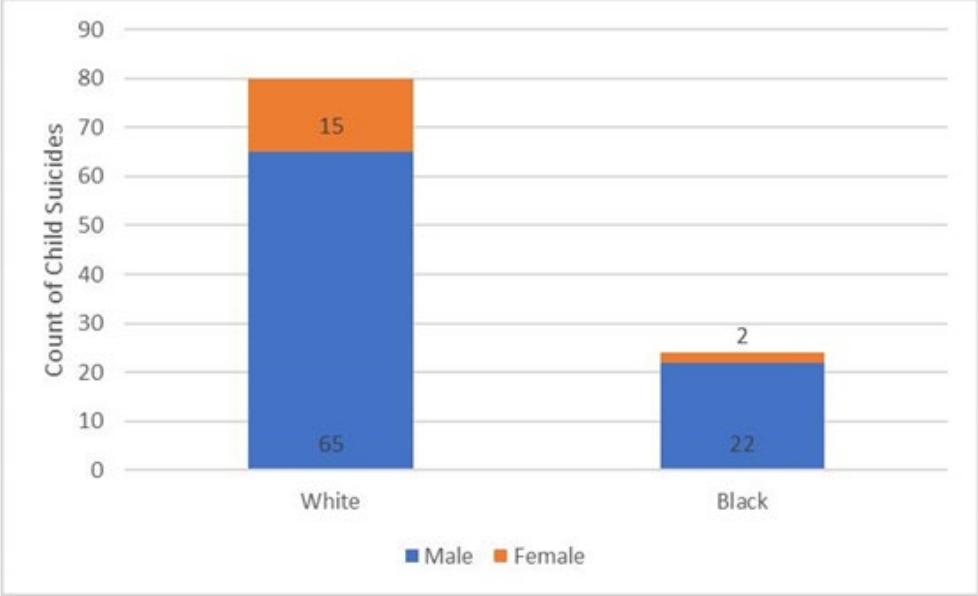


Figure 21. Suicides Among White and Black Allegheny County Residents Aged 0- 21 Years by Sex and Race Combined, 2011-2020, N=104

Figure 22 represents the specific manner by which children died by suicide in Allegheny County from 2011 to 2020. Hanging was the most common method (42%) followed by firearms (38%). Drug/Poison (including intentional overdose) was the third-most common method, accounting for 6% of all cases.

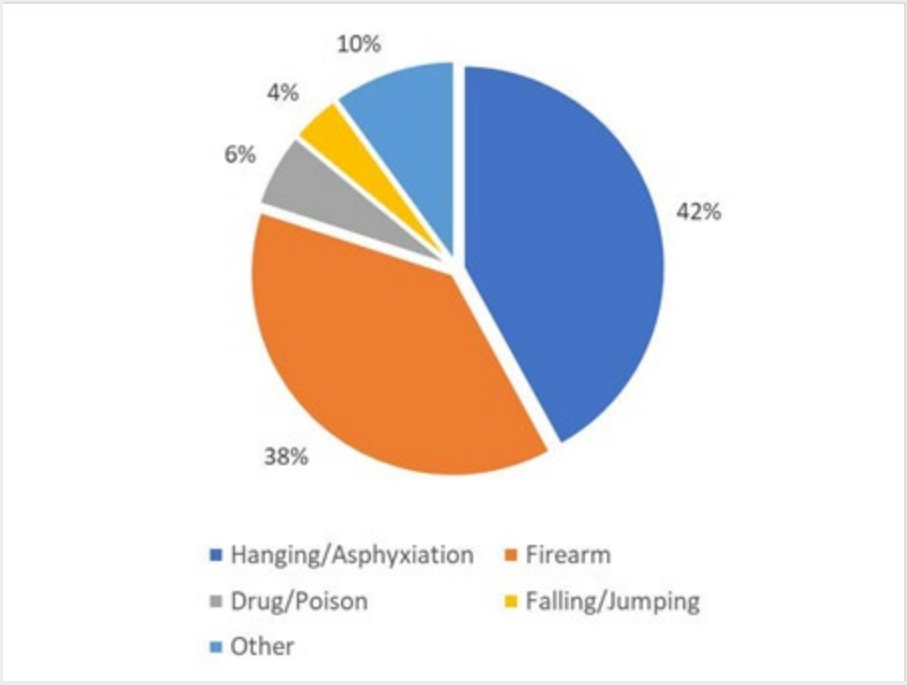


Figure 22. Suicides Among Allegheny County Residents Aged 0- 21 Years by Specific Manner, 2011-2020

Major national risk factors for death by suicide include previous suicide attempts, social rejection relating to sexual minority identity, and a history of mental illness.[9] As with homicides, the ACCDRT collected information on risk factors as it reviewed suicide cases. Significant risk factors that contributed to child suicides in Allegheny County from 2018 to 2020 are listed in the box to the right.

YOUTH SUICIDE VICTIM RISK FACTORS IDENTIFIED BY THE ACCDRT, 2018-2020:

- 45% of suicide victims received prior mental health services
- 15% of victims had a history of substance abuse
- 5% of victims had a criminal history

The impact of suicide on victims, survivors, and social and familial networks is significant. Though suicide is a complex issue, it is preventable and requires a multi-faceted approach to identify risk factors, destigmatize suicide, and increase public awareness for youths at risk.

INTENTIONAL INJURY: FIREARM FATALITIES

Given the increase in the rates of gun violence and firearm related homicides amongst children and adolescents in the United States,[12] it is prudent to assess the impact of firearms on child death in Allegheny County. From 2011 to 2020, there were 318 child deaths due to injuries from firearms, making up 18% of all deaths during this ten-year period. As shown in Figure 23, deaths due to firearms among children aged 0 to 21 was highest in 2012 and have been declining from 2018 to 2020. As noted above, a majority of homicides are committed via firearm, so the annual distribution of deaths due to firearms closely resembles that of the annual homicide deaths.

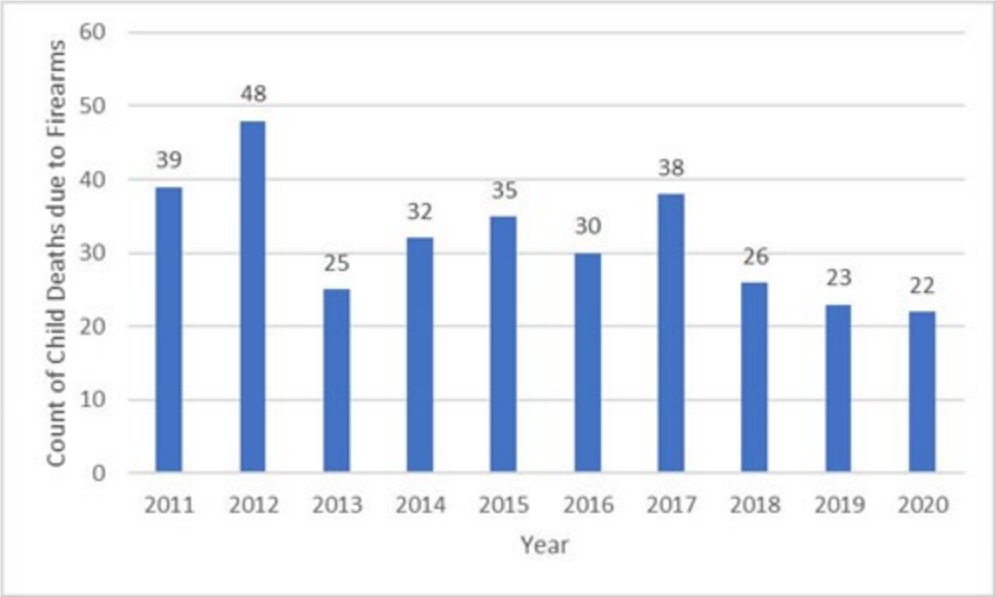


Figure 23. Annual deaths of Allegheny County Residents Aged 0-21 due to Firearms by, 2011-2020, N=318

As shown in Figure 24, most child deaths due to firearms in Allegheny County were homicides (83%). However, a substantial number of deaths due to firearms were suicides (15%). As mentioned above, firearms were the second-most frequent method of suicide in this period. These cases of suicide by firearm account for the variation in the yearly distribution of firearm death from that of homicide deaths. Accidental deaths due to firearms were relatively infrequent, as were deaths of other manners (which includes cases that were undetermined or pending at the time of this report).

[12] Vargas, EW. The Recent Rise in Violent Crime is Driven by Gun Violence. Center for American Progress. 2022.

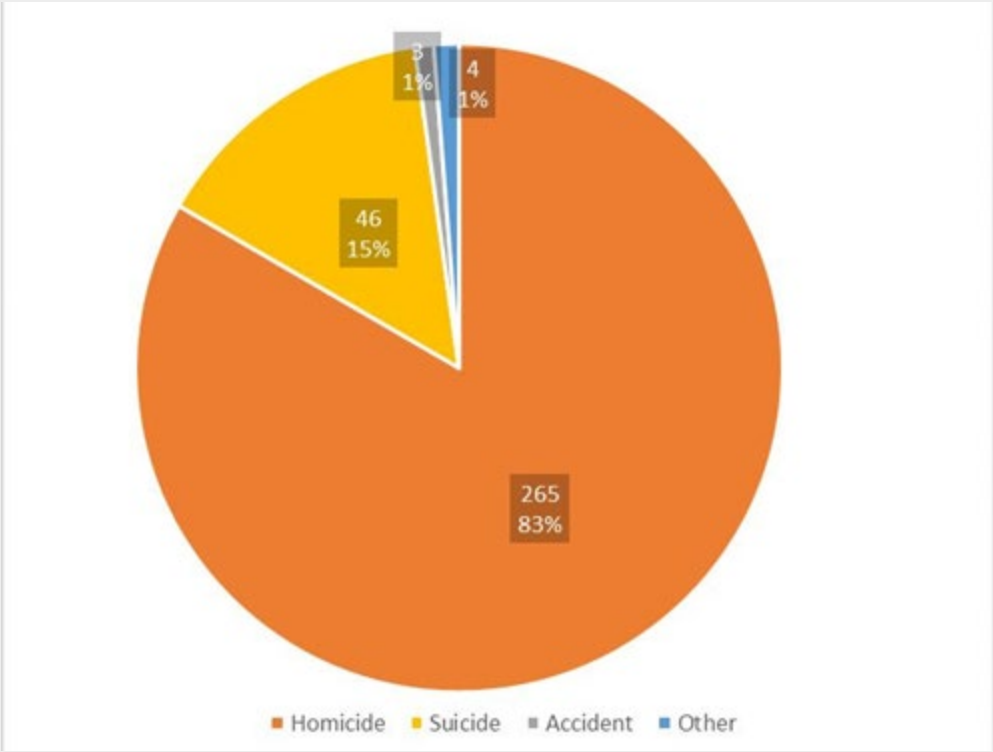


Figure 24. Deaths of Allegheny County Residents Aged 0-21 due to Firearms by Manner of Death, 2011-2020, N=318

A majority of the youths who died due to firearms from 2011-2020 in Allegheny County were 18 to 21 years old (73%, Table 9). However, as Table 9 demonstrates, children of all ages were affected by gun violence. From 2011 to 2020, four children aged 1 year died due to firearms. Additionally, children aged 15 years to 17 years made up 20% of deaths due to firearms in this ten-year period, indicating that firearms are affecting adolescents significantly even before they are legally adults.

Age Group (Years)					
1-4	5-9	10-14	15-17	18-19	20-21
8	4	10	63	121	112
3%	1%	3%	20%	38%	35%

Table 9. Deaths of Allegheny County Residents Aged 0-21 due to Firearms by Age, 2011-2020, N=318

As is consistent with the distribution of homicides and suicides by sex, many more males died due to firearms (92%) than did females during this time period (Table 10). In fact, the predominance of male deaths in the firearm category is more pronounced than in either the homicide or suicide categories, indicating that gun violence affects males even more disproportionately. Table 10 also demonstrates that child deaths by firearm are not equally distributed across racial identities, with Black children representing 79% of child deaths due to firearms.

Table 10. Deaths of Allegheny County Residents Aged 0-21 due to Firearms by Sex and Race/Ethnicity, 2011-2020, N=318

Sex		Race/Ethnicity					
Male	Female	White	Black	AI/AN	Asian	Other	Hispanic
294	24	61	252	1	1	3	2
92%	8%	19%	79%	0%	0%	1%	1%

***Note:** Hispanic ethnicity is coded separately from race in Pennsylvania death certificates and can include any race.

INTENTIONAL INJURY: PREVENTION RECOMMENDATIONS

Homicide Death Prevention Recommendations

- **The ACHD should expand the programming of the Office of Violence Prevention, specifically the Street Outreach Program, to identify and target at-risk youth.**

  Rationale: Programming that identifies and targets youth who are at risk for perpetrating or experiencing violence is a good preventative measure in the pursuit of reducing violence in Allegheny County. It is also more cost-effective to expand an existing program, rather than creating a brand new one.

- **The ACHD should develop a list of evidence-based programs and services geared toward reducing violence, providing mentorship to children, and enriching under-resourced communities. some examples include, but are not limited to:**
  - Homewood Children's Village
  - Stop Now and Plan
  - Center for Victims
  - Brookline Teen Outreach
  - YouthPlaces

  Rationale: Reducing violence requires a comprehensive and multi-pronged approach. Reducing access to guns and drugs is not enough. Programing should also focus on providing role models and mentors for youth with the goal of increasing good decision-making skills and reducing impulsive behavior. These programs are also focused on community enrichment. Improved economic conditions in a community is correlated with reducing violence.

- **The ACHD should work with local healthcare providers, clinics, and drug-prevention and treatment organizations to reduce the demand for illegal drugs, especially opioids, in Allegheny County by:**
  - increasing funding for, and access to, drug treatment facilities
  - promoting harm-reduction (see Overdose Recommendations on pg. 35)
  - Ensuring that all Allegheny County prescribers are adhering to the guidelines of the Pennsylvania Prescription Drug Monitoring Program (https://www.health.pa.gov/topics/programs/PDMP/Pages/PDMP.aspx)

  Rationale: Many homicides occur within the backdrop of drug use or sales. According to CDR data, 12% of the youth homicide victims in Allegheny County between 2018 and 2020 had a history of substance abuse. Reducing the prevalence of drugs in Allegheny County could therefore reduce homicides.

Suicide Death Prevention Recommendations

- **The ACHD should collaborate with Allegheny County Public Schools to implement suicide prevention and awareness education programs**. The ACHD should also work with local Intermediate Units to disseminate information about youth suicide trends and prevention programs to all local schools, youth centers, Student Assistance Program providers, behavioral health treatment providers, and child welfare workers.

  Rationale: School-based education programs should aim to destigmatize mental health disorders, encourage youth to seek help if they need it, and reduce bullying.

- **The ACHD should promote suicide prevention resources such as the National Suicide Prevention Hotline (988) and Safe2Say Something (www.safe2saypa.org) on social media outlets often used by young people, namely Instagram and TikTok.**

  Rationale: These resources can be utilized by anyone experiencing a mental health crisis themselves or by a concerned friend or loved one. Promotion of these resources on widely used social media platforms may increase awareness and lead to life-saving interventions.

- **All teachers, administrators, and staff at Allegheny County Public Schools should be trained in Youth Mental Health First Aid (www.mentalhealthfirstaid.org).**

  Rationale: This evidence-based program is designed to help non-mental health clinicians identify and assist a child or young person who is experiencing a mental health crisis. Adults who interact with children regularly, such as teachers, should be prepared to intervene or seek the appropriate support when a child may be at risk to themselves or others.

Gun Violence Prevention Recommendations

- **Allegheny Public Schools should implement a gun safety and violence awareness education program which is administered to all middle and high school students each year.**

  Rationale: CDR data shows that 89% of homicides and 38% of suicides among Allegheny youth from 2011-2020 were due to firearms. While the majority of youth firearm fatalities in Allegheny County happen in the 18-21 age group, younger children who receive early and consistent gun safety and violence awareness education may be less likely to be involved in a firearm fatality in the future.

- **The ACHD should promote responsible gun ownership media campaign targeted toward gun owners who are parents of children under the age of 21.**

  Rationale: The communities affected the most by gun violence should be made aware of the impact that access to guns can have on youth homicide and suicide rates.

ACCIDENTAL INJURY

Accidental Injury, sometimes referred to as unintentional injury, are injuries that occur without the intention of harm. For example, motor vehicle accidents, injuries from fires, drowning, poisoning, and choking .[13] Due to limited access to data, this report discusses deaths that are the result of only two forms of accidental injury, motor vehicle crashes (MVC) and accidental drug overdose. Note that some overdose deaths in this report are categorized as suicides and discussed in the intentional injury portion of this report.

As shown in Table 11, there were 289 accidental injury deaths of children from 2011-2020 in Allegheny County. This means that there was an average of 29.8 deaths per year for that 10-year period. The age groups most impacted by these deaths are the 20-21 age group, making up 37% of accidental injury deaths, followed by the 18-19 age group, making up 25% of accidental injury deaths. This is most likely due the fact that, for the purposes of this report, accidental injury deaths only refer to deaths related to motor vehicle crashes and accidental drug overdoses. For example, of the MVC deaths discussed in this report, 50% of refer to the death of the driver, meaning they were mostly likely 16 years of age or older. While the other 50% resulted in the deaths of either passengers or pedestrians, those two groups can be comprised of children from any age group.

Age Group (Years)					
0-4	5-9	10-14	15-17	18-19	20-21
44	22	19	27	71	106
15%	8%	7%	9%	25%	37%

Table 11. Accidental Injury Deaths Among Allegheny County Residents Aged 0-21 Years by Age Group, 2011-2020, N=289

Table 12. Accidental Injury Deaths Among Allegheny County Residents Aged 0-21 Years by Sex and by Race, 2011-2020, N=289

Sex		Race/Ethnicity					
Male	Female	White	Black	AI/AN	Asian	Other/Unknown	Hispanic
189	100	193	86	2	5	3	3
65%	35%	67%	30%	1%	2%	1%	1%

***Note:** Hispanic ethnicity is coded separately from race in Pennsylvania death certificates and can include any race.

Males made up 65% of accidental injury deaths among children in Allegheny County from 2011-2020 while females made up only 35%. This is consistent across racial lines. The data show that motor vehicle deaths for males was more than double what it was for females in the white population (Figure 27). The numbers also show that, in the black population, MVC deaths for males was almost double what it was for females (Figure 27).

[13] Division of Disease Prevention | Unintentional Injury | Maine CDC

ACCIDENTAL INJURY: MOTOR VEHICLE CRASHES (MVC)

Motor vehicle crashes (MVC) are the second leading cause of death for U.S. teens and are a leading cause of death for U.S. children 12 years old and younger.[14, 15]

Between 2011 and 2020, 83 MVC deaths, or 2.80 deaths per 100,000, occurred in Allegheny County among youth 21 years old and younger, an average of 8 deaths per year (Figure 25). This is a rate of 2.8 deaths per 100,000 children aged 0 to 21 years.[1] Compared to the U.S. MVC death rate in 2019 of 10.8 for teens aged 15 to 19 years,[16] the average rate in Allegheny County was lower at 5.10 per 100,000 from 2011 to 2020.[1] While child deaths due to MVCs over this ten year period were lowest in 2019 (4), the number of deaths rose back to just below the ten-year average in 2020 (7, Figure 25). As shown in Figure 26, the city of Pittsburgh had the highest number of child deaths due to MVCs. Higher numbers of child deaths due to MVCs also occurred in Penn Hills, Plum, and Tarentum.

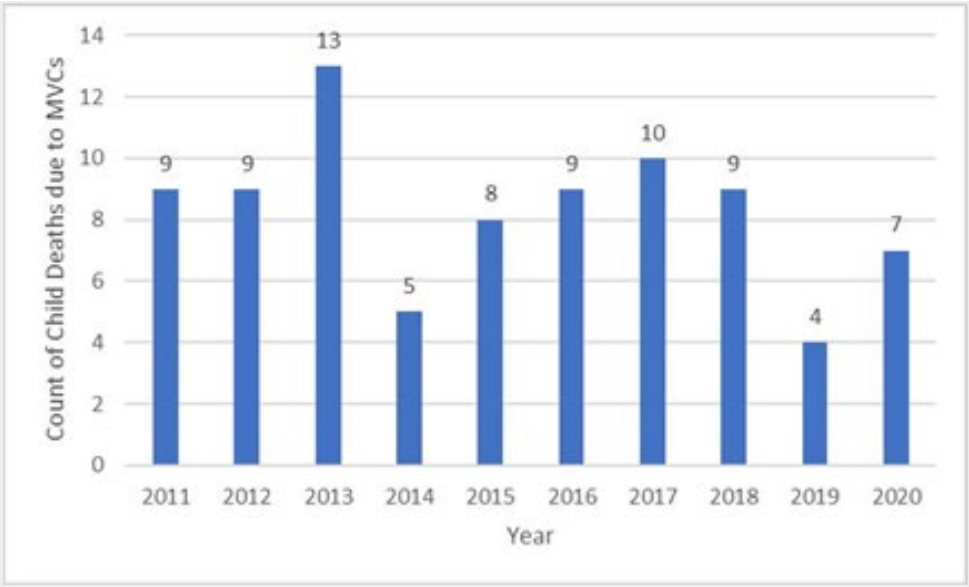


Figure 25. Annual Deaths due to MVCs Among Allegheny County Residents Aged 0-21 Years, 2011-2020, N=83

KEY MVC STATISTICS:

In Allegheny County, between 2011 and 2020:

- 83 youths ≤ 21 years of age died from motor vehicle crashes
- 45% of MVC victims were White males
- 20% of MVC victims were Black males
- Youth motor vehicle deaths were 2.1 times higher for males than for females.
- 77% of motor vehicle deaths were in youths aged 15-21 years

[14] WISQARS (Web-based Injury Statistics Query and Reporting System)|Injury Center|CDC
[15] Child Passenger Safety: Get the Facts | Motor Vehicle Safety | CDC Injury Center.
[16] Underlying Cause of Death, 1999-2019 Results Form.

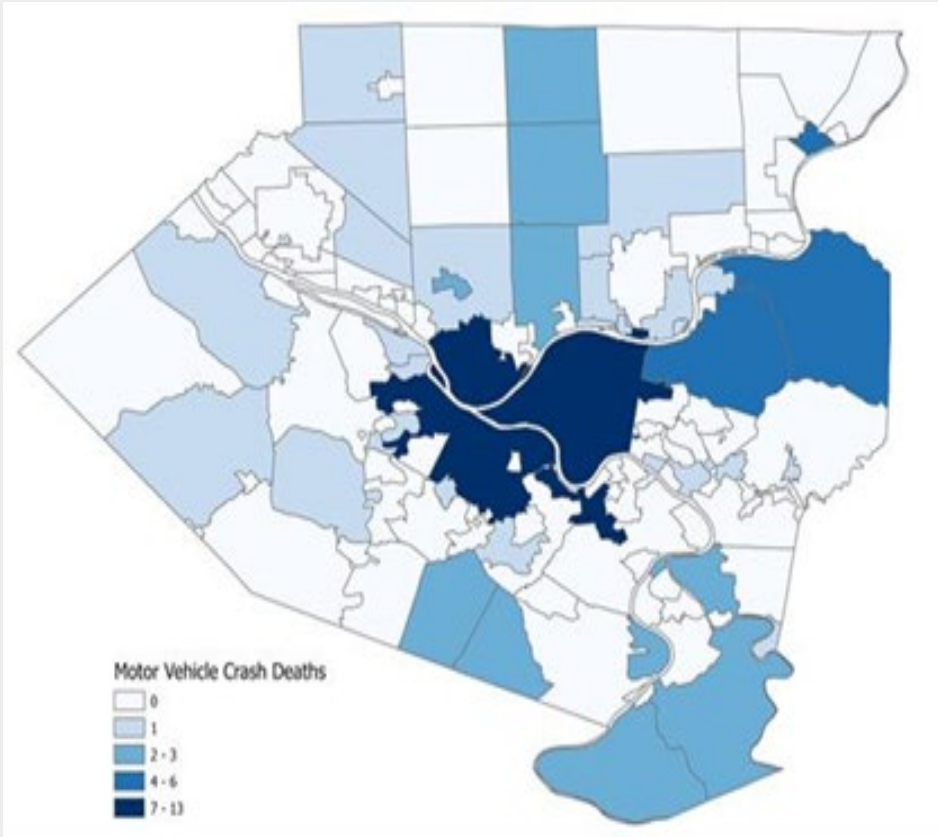


Figure 26. Motor Vehicle Crash Deaths Among Allegheny County Residents Aged 0-21 Years by Municipality of Residence, 2011-2020

Child deaths due to MVCs were not equally distributed across age categories from 2011 to 2020. As shown in Figure 27, the incidence of child deaths due to MVCs increased with age. Youths aged 18 to 21 years made up 64% of all child deaths due to MVCs over this ten-year period.

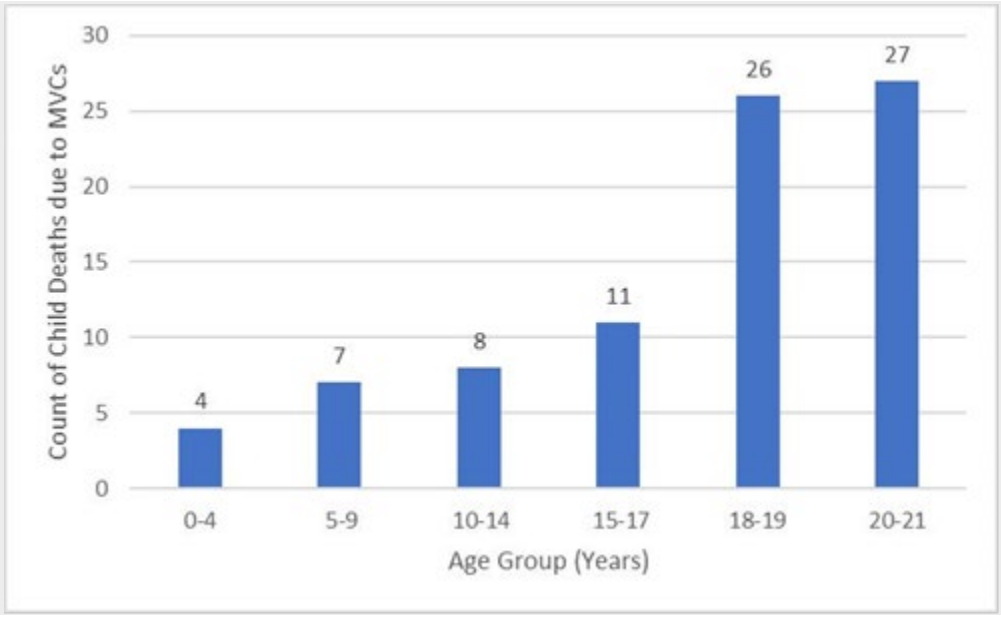


Figure 27. Motor Vehicle Crash Deaths Among Allegheny County0 Residents Aged 0-21 Years by Age Group, 2011-2020, N=83

Table 13. Motor Vehicle Crash Deaths Among Allegheny County Residents Aged 0-21 Years by Sex and by Race, 2011-2020, N=83

Sex		Race/Ethnicity				
Male	Female	White	Black	AI/AN	Asian	Other/Unknown
59	24	52	26	2	1	2
71%	29%	63%	31%	2%	1%	2%

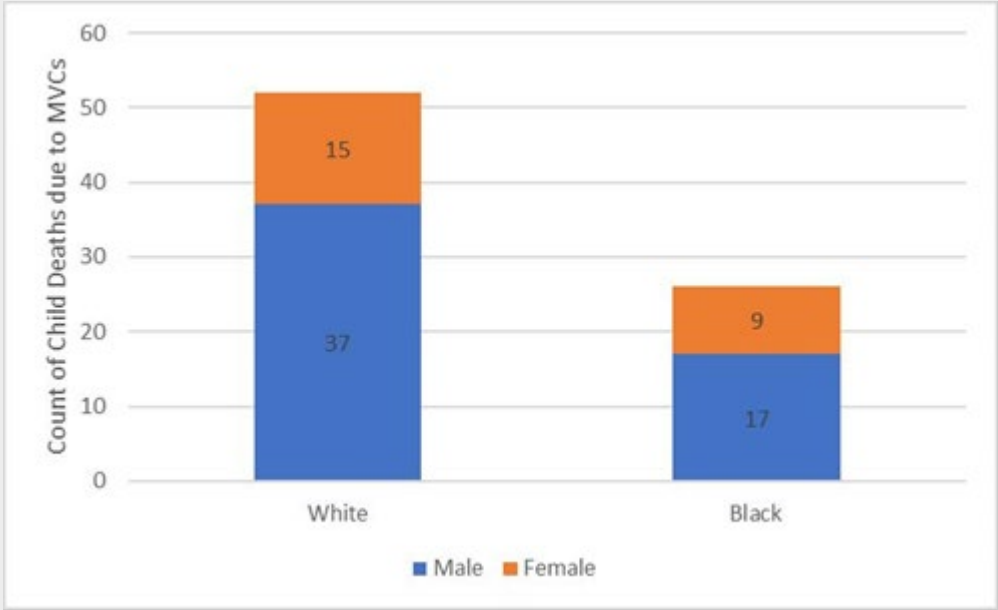


Figure 28. Motor Vehicle Crash Deaths Among White and Black Allegheny County Residents Aged 0-21 Years by Sex and Race Combined, 2011-2020, N=78

While the number of White children who died from MVCs was two times greater than the number of Black children who died from MVCs (Table 13), there was still a disparity in the rates of death. The rate of deaths due to MVCs for White individuals aged 0 to 21 years from 2011 to 2020 was 2.4 per 100,000, and rate of deaths due to MVCs for Black individuals aged 0 to 21 years was 4.3 per 100,000[1]. Black children in Allegheny County died from MVCs as a rate 1.8 times their White counterparts. Males were also more greatly affected by MVCs, with 71% of all child deaths due to MVCs occurring in males (Table 13). As illustrated in Figure 28, this disparity was greater in White children, with 71% of White children who died by MVCs being male and 65% of Black children who died by MVCs being male.

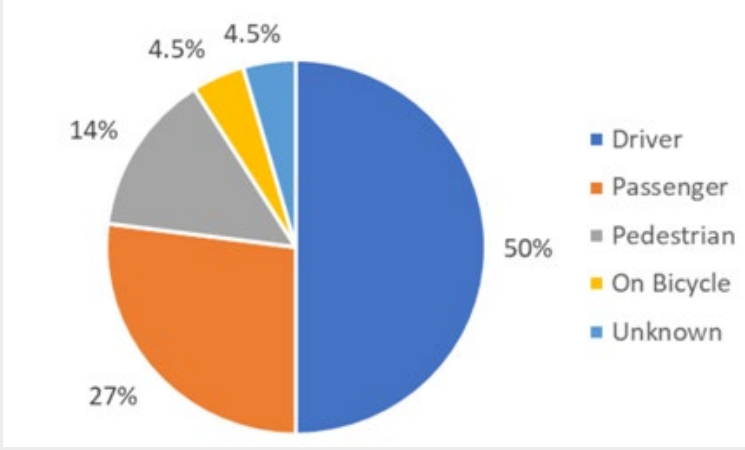


Figure 29. Motor Vehicle Crash Deaths Among Allegheny County Residents Aged 0-21 Years by Victim's Location, 2011-2020

To make actionable recommendations on how to prevent MVC-related deaths in children, it is prudent to determine the most common location of victims at the time of the accident. As shown in Figure 29, 50% of youths who died by MVC from 2011 to 2020 were driving a vehicle. This is consistent with the age distribution mentioned above; many of the youths who died via MVC were of driving age. Further, in most fatalities the child was located inside a vehicle (driver or passenger, 77%).

Major national risk factors for MVC fatalities include driver inexperience, lack or incorrect use of safety belts and restraints, speeding, and impaired driving. Teenage males, teens driving with other teen passengers, and newly licensed teens are an increased risk for MVCs. Teen drivers aged 16-19 years are about three times more likely to be in an MVC per mile driven, compared to drivers 20 years of age and older.[11] The ACCDRT collected details on cases the team reviewed from 2018 to 2020 to determine the impacts of the aforementioned risk factors on child deaths due to MVC in Allegheny County. Details on such risk factors are listed in the box to the right.

YOUTH MVC VICTIM RISK FACTORS IDENTIFIED BY THE ACCDRT, 2018-2020:

- 45% involved underage drinking and impaired driving
- 45% involved speeding
- 27% were driving at an unsafe speed for conditions
- 27% that required car/booster seats involved incorrect use or no use of car/booster seats*
- 32% that required shoulder safety belts involved incorrect use or no use of shoulder safety belts
- 14% involved an inexperienced or new driver
- 9% involved drowsy driving

The psychological and emotional impact of a single motor vehicle death on family and community is significant. Though motor vehicle death is a complex issue, it can be prevented with a multi-faceted approach to increase public awareness and implement prevention measures for at-risk youth.

*Children must use an appropriate child safety restraint until they turn 8 years old and can properly fit in an adult safety belt, meaning they weigh over 80 pounds0 and/or are taller than 4 feet, 9 inches.[17]

[17] AAP Updates Car Safety Seat Recommendations for Children. Accessed December 22, 2021. https://www.aafp.org/news/health-of-the-public/20180921kidscarsafety.html

ACCIDENTAL INJURY: OVERDOSE

In 2019, more than 70,630 deaths were attributed to drug overdose in the U.S., a 4% increase from 2018 overdose deaths after adjusting for age.[18] Drug overdose deaths have followed an upward trend since 1999.[15]

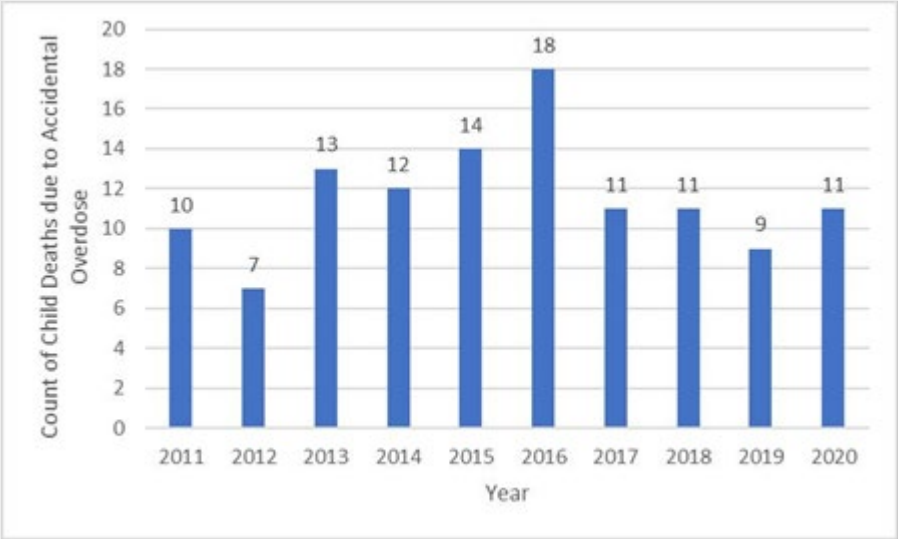


Figure 30. Annual Unintentional Overdose Deaths Among Allegheny County Residents Aged 0-21, 2011-2020, N=116

Compared to the U.S. rate of overdose deaths in 2019 of 3.3 deaths per 100,000 residents aged 15-19 years,[14] the rate in Allegheny County from 2011 to 2020 was 5.6 deaths per 100,000.[1] Between 2011 and 2020, 116 overdose deaths occurred in Allegheny County among youth 21 years old and younger, an average of 12 deaths per year. As shown in Figure 30, the number of child deaths due to accidental overdose was lower from 2017 to 2020 after a large spike in 2016. The city of Pittsburgh had the most accidental overdoses in Allegheny County during this ten-year period (Figure 31). Other municipalities with high numbers of deaths due to accidental overdose included McCandless, Ross Township, Scott Township, and Shaler.

IN ALLEGHENY COUNTY, BETWEEN 2011 AND 2020:

- 116 youths <21 years of age died from unintentional drug overdose Overdose was the leading cause of unintentional deaths among youths <21 years of age
- 84% of those who died from overdose were White - 52% were White males
- The overdose death rate was 1.4 times higher for White individuals than for Black individuals

[18] Drug Overdose Deaths | Drug Overdose | CDC Injury Center.

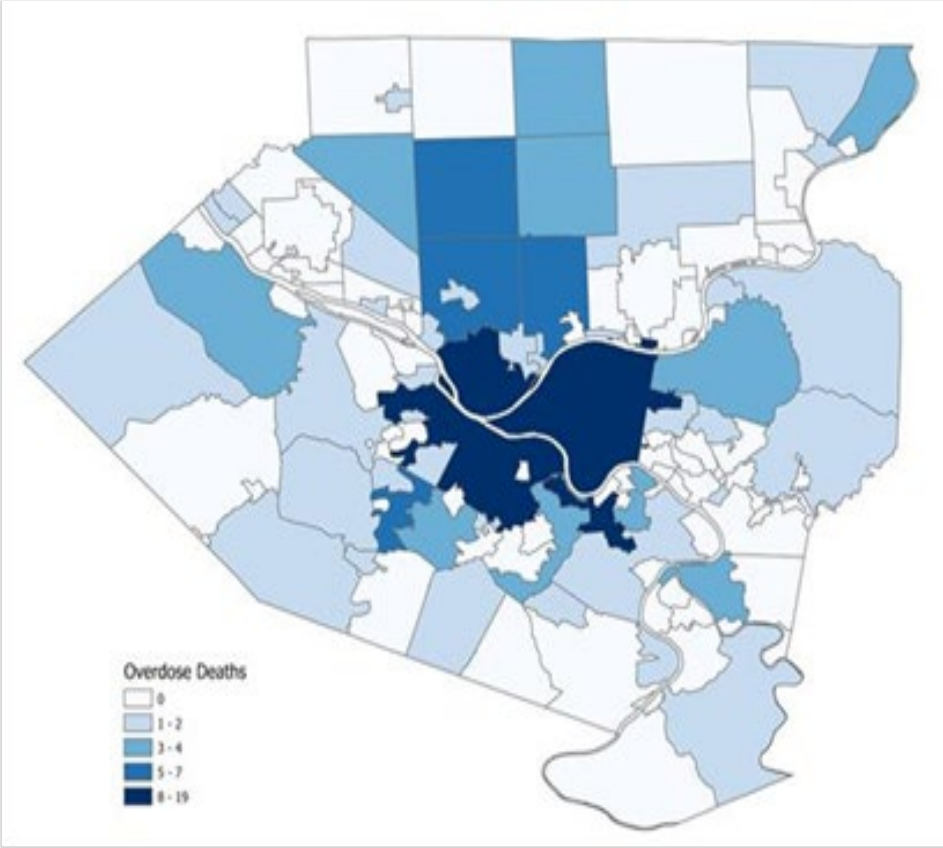


Figure 31. Unintentional Overdose Deaths Among Allegheny County Residents Aged 0-21 by Municipality, 2011-2020

From 2011 to 2020, deaths due to accidental overdoses were primarily concentrated in older youths. As shown in Figure 32, 61% of fatal accidental overdoses were in individuals aged 20 or 21 years. Three accidental overdoses occurred in children aged 1 year, with the rest occurring in children 12 years and older during this time period.

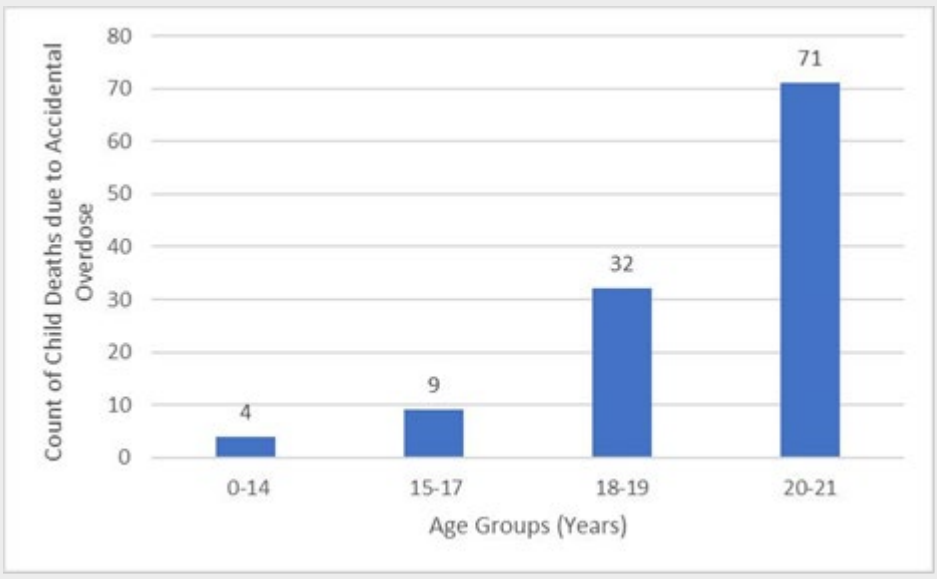


Figure 32. Unintentional Overdose Deaths Among Allegheny County Residents Aged 0-21 by Age Group, 2011-2020, N=116

Of youths who died from accidental overdose in this time period, a majority of them were White (83%, Table 14). The rate of fatal overdoses for White individuals aged 0 to 21 years from 2011 to 2020 was 4.4 per 100,000, while the rate of fatal overdoses for Black individuals aged 1 to 21 years was 3.2 per 100,000.[1] White children died of accidental overdose at a rate 1.4 times greater than did Black children. Table 14 also demonstrates that more male children (60%) died from accidental overdose than did female children (40%). This discrepancy was more pronounced amongst White children, with 62% of White child deaths due to accidental overdose occurring in males and 53% of Black child deaths occurring in males. Overall, 52% of children who died from accidental overdose from 2011 to 2020 in Allegheny County were White males.

Sex		Race/Ethnicity		
Male	Female	White	Black	Hispanic
70	46	97	19	1
60%	40%	83%	16%	1%

Table 14. Unintentional Overdose Deaths Among Allegheny County Residents Aged 0-21 by Age Group, 2011-2020, N=116

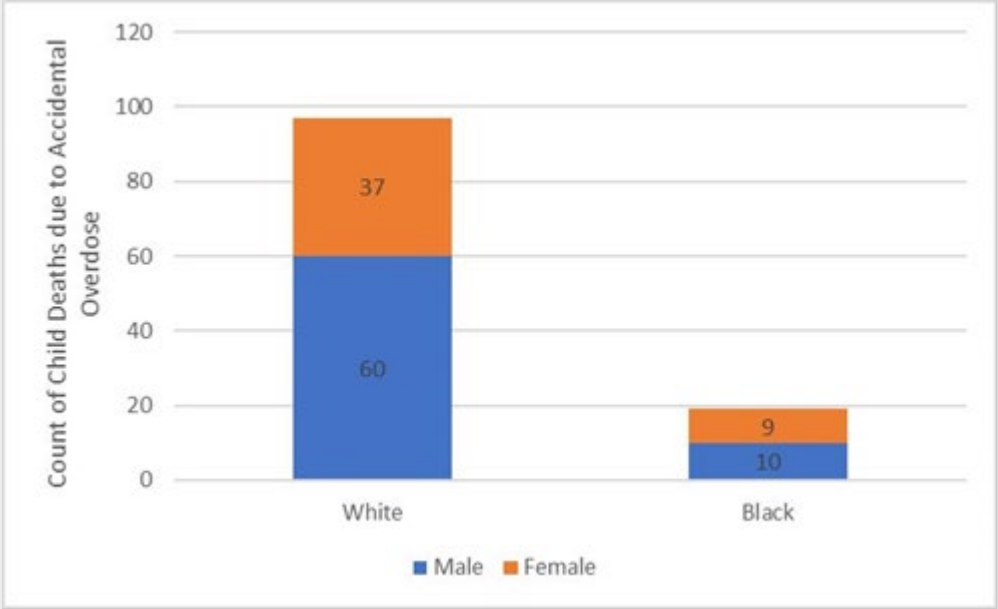


Figure 33. Unintentional Overdose Deaths Among White and Black Allegheny County Residents Aged 0-21 by Race and Sex, 2011-2020, N=116

A variety of drugs were involved in overdose deaths of children in Allegheny County from 2011 to 2020. Figure 34 demonstrates that overall, opioids were involved in a majority of these cases. Fentanyl and fentanyl analogs were also prevalent, even though the first child death case with fentanyl coded as a contributing cause of death occurred in 2015, halfway through this time period.

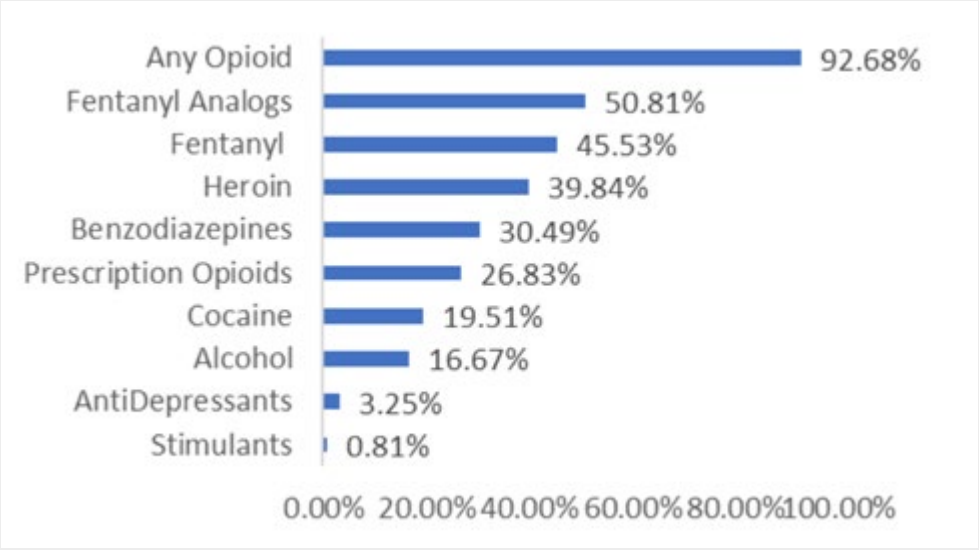


Figure 34. Top 9 Specific Drugs Involved in Overdose Deaths of Allegheny County Residents Aged 0-21, 2011-2020

Major national risk factors for youth overdose deaths include a history of incarceration, a history of substance abuse, a history of mental illness, and witnessing an overdose.[19] The ACCDRT identified several of these and other related risk factors in its reviews of overdose cases from 2018 to 2020. The risk factors that contributed to child deaths due to overdose in Allegheny County during this window are detailed in the box to the right.

The psychological and emotional impact of a single overdose death on family and community is significant. Though overdose is a complex issue, it is preventable and requires a multi-faceted approach to increase access to treatment, increase knowledge of how to effectively respond to an overdose, and promote overdose prevention education for at-risk youth and their families.

YOUTH OVERDOSE DEATH RISK FACTORS IDENTIFIED BY THE ACCDRT, 2018-2020:

- 78% of cases had a history of substance abuse 44% of cases had a caregiver with a history of substance abuse
- 56% of cases had a history of a disability and/or chronic illness
- 33% of cases had a caregiver with a history of a disability or chronic illness
- 44% of cases had received prior mental health services

[19] Lyons RM, Yule AM, Schiff D, Bagley SM, Wilens TE. Risk factors for drug overdose in young people: A systematic review of the literature. J Child Adolesc Psychopharmacol. 2019;29(7):487-97

ACCIDENTAL INJURY: PREVENTION RECOMMENDATIONS

Motor Vehicle Death Prevention Recommendations:

- **The ACHD should continue to collaborate with the Pennsylvania Department of Transportation (PennDot) to promote and fund the Traffic Safety Education Project**. This project provides information, education, and services related to motor vehicle safety. Services include, but are not limited to:
  - Car seat and booster seat checks
  - Elementary education programs
  - Teen driver education programs
  - Seatbelt education
  - Aggressive, distracted, and impaired driving prevention

  Find more info at: *https://www.alleghenycounty.us/Health-Department/Programs/Special-Initiatives/Traffic-Safety/Traffic-Safety.aspx*

  Rationale: The CDR data shows that the highest contributing factors to MVC deaths in children in Allegheny County were impaired driving, speeding, and improper use of seatbelts. Early intervention and education have been shown to prevent this behavior in young drivers.

- **Car seat safety education should be promoted along with safe sleep education during prenatal and postnatal health checkups and in all Allegheny County WIC offices (See SUID Prevention Recommendations for more details)**

  Rationale: CDR data shows that 27% of MVC child deaths in Allegheny County involved improper or no use of car seats where they were required.

Overdose Death Prevention Recommendations:

- **The ACCDRT recommends that naloxone (name brand Narcan) be made universally available by ensuring that it is in stock at all Allegheny County Pharmacies, is carried by all first responders, and is provided by behavioral health providers working in community-based or in-patient drug prevention and intervention programs.**

  Rationale: Availability of naloxone is a proven strategy to revers and opiate-related overdose. Over 90% of overdose-related child deaths in Allegheny County are caused by opioids.

- Medical professionals who treat a child for an overdose, especially an opioid overdose, should supply the parents or guardians with naloxone and encourage them to keep it on hand in their home. All Allegheny County EMS should participate in "leave behind" naloxone programs when responding to a call about an overdose.

Rationale: When a child experiences an overdose, they and their parents/guardians should be supplied with and educated on the proper use of naloxone (in the event of another overdose). The medical professionals involved with these patients are the most accessible and the most qualified to ensure this happens.

- Improve follow-up after release from the hospital, rehab, halfway house, and other treatment sites to ensure patients are linked to continued care.

  Rationale: Timely and consistent follow-up and access to continued care could help prevent relapse and future overdose.

- The ACHD should promote public awareness about the increasing prevalence of fentanyl in cocaine and other substances.

  Rationale: Drugs laced with fentanyl are becoming increasingly prevalent all over the United States. A person who consumes fentanyl without their knowledge are not able to dose it properly and are therefore at much higher risk of overdose.

- The ACHD, drug treatment facilities, and healthcare settings should promote "harm-reduction" messaging related to drug use. This includes encouraging those using drugs to:
  - go slowly to avoid an overdose
  - avoid using drugs alone to reduce the risk of dying of an overdose
  - use clean needles to reduce the risk of HIV and other disease transmission
  - use fentanyl test strips to avoid unintentional fentanyl consumption through laced cocaine and other substances

  Rationale: a child or young person who is suffering from Opioid Use Disorder may not be able to quit using drugs cold turkey or have access to rehab or treatment programs. "Harm-reduction" messaging would promote the safes possible options for those who are currently still using drugs.

- The ACHD should promote and increase prescription drug disposal sites in Allegheny County. Prescribers should encourage their patients to dispose of excess prescription drugs, especially opioids, after use.

  Rationale: After a patient has finished using their prescription drugs (for example: painkillers after a surgery) there may be pills leftover. These drugs should not be left in the home where children may have access to them. Drug disposal sites and drug "Take Back" programs offer a space in the community for these leftover prescriptions to be disposed of properly.

- The ACHD should encourage messaging that reduces stigma related to drug use in families, schools, communities, rehab and treatment facilities, and health care settings.

  Rationale: Creating stigma and shame around the use of drugs could create an environment in which a child suffering with addiction or Opioid Use Disorder does not feel safe to ask for help or seek treatment. This can be avoided by reducing stigma and promoting the idea that a person seeking help should not feel shame.

SUDDEN UNEXPLAINED INFANT DEATH (SUID)

Sudden Unexpected Infant Death (SUID) consists of Sudden Infant Death Syndrome (SIDS), unknown causes, and unintentional suffocation/strangulation in bed.[20]

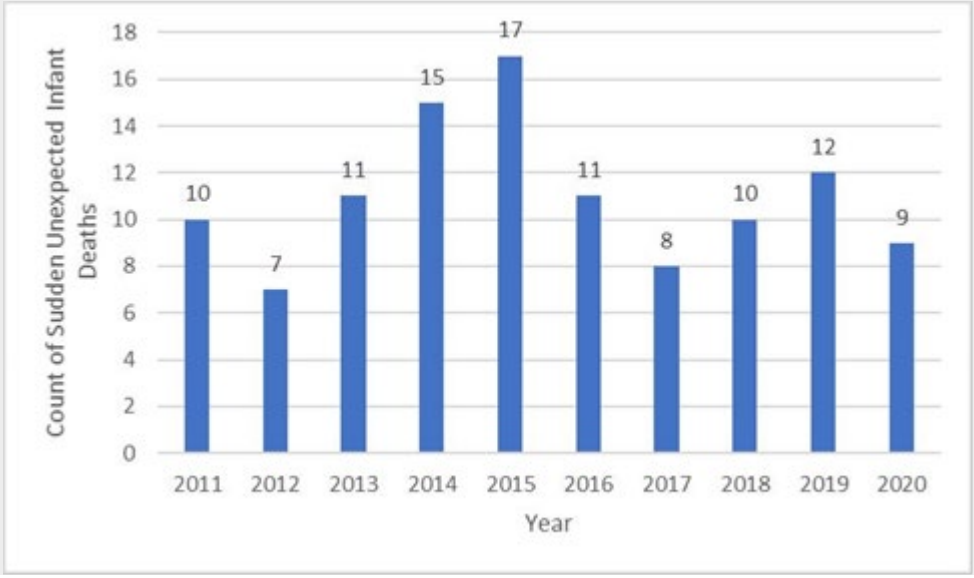


Figure 35. Annual Sleep-Related Infant Deaths Among Allegheny County Residents Aged <1 Year, 2011-2020, N=110

***Note:** Age in months not available for infant deaths that occurred before 2012.

In the U.S., 3,376 SUID cases, or 90.1 deaths per 100,000 live births, were reported during 2019.[17] In Allegheny County, 12 SUID cases, or 93.2 deaths per 100,000 live births (2010 live birth data), were reported during 2019. Between 2011 and 2020, 110 SUIDs occurred in Allegheny County, an average of 11 deaths per year. SUID deaths in Allegheny County peaked in 2015 and have been less frequent since then (Figure 35). As shown in Figure 36, the city of Pittsburgh had the largest number of SUID cases from 2011 to 2020. The municipalities of McKeesport, Monroeville, and Wilkinsburg also had high numbers of SUID cases.

*Safe sleep conditions are defined as the infant sleeping in the supine position in cribs, Pack N Plays, and bassinets that are free of objects, animals, and/or persons that can pose a risk to the infant.[21]

IN ALLEGHENY COUNTY, BETWEEN 20110 AND 2020:

- 110 infants aged <1 year died from SUID
- 51% of infants dying from SUID were African Americans despite representing only 20% of live births.
- The SUID rate was 4.5 times higher for African Americans than for White individuals.
- 56% of infants who died from SUID were males.
- 94% of SUIDs occurred in unsafe sleep conditions*
- 97% of cases had a known safe sleep location available in the home

[20] Data and Statistics for SIDS and SUID | CDC.
[21] Athanasakis E, Karavasiliadou S, Styliadis I. The factors contributing to the risk of sudden infant death syndrome. Hippokratia. 2011;15(2):127-31.

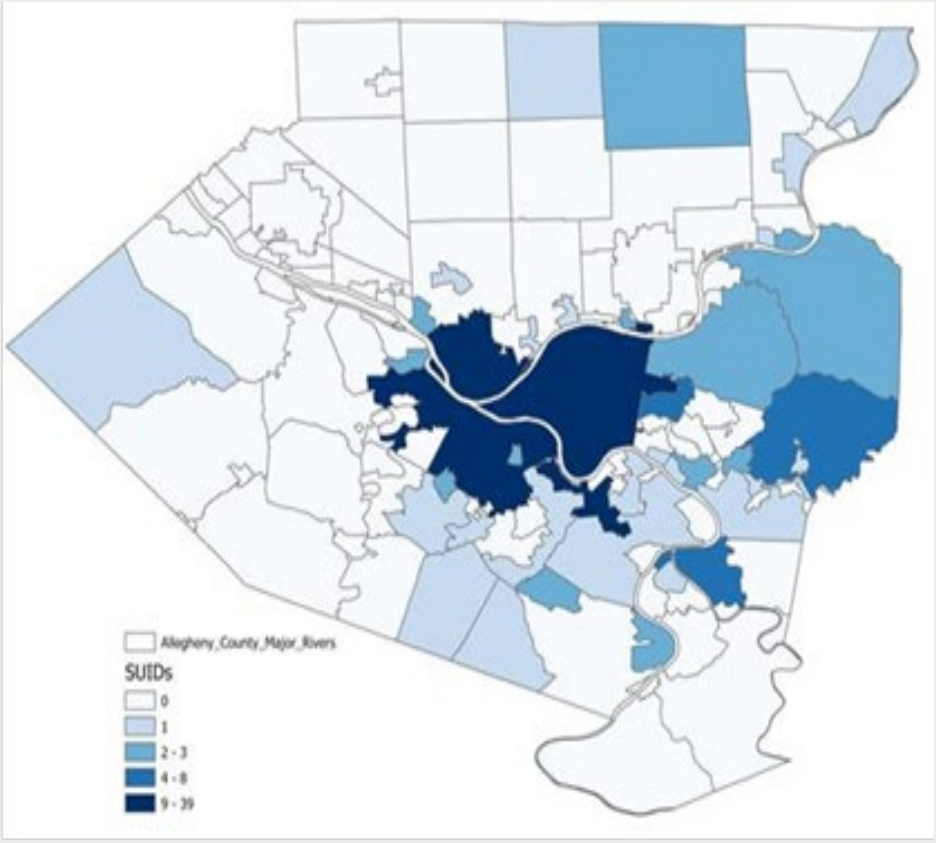


Figure 36. SUIDs Among Allegheny County Residents Aged <1 Year by Municipality of Residence, 2011-2020

Although an infant's death could be classified as SUID anytime during the first year of life, the age distribution of SUID deaths is not consistent throughout the first year. As shown in Figure 37, a majority of SUID deaths in Allegheny County from 2011 to 2020 occurred in infants aged 1 to 3 months (61%). This distribution is consistent with the national finding that most SUID deaths occur between 1 and 4 months of age.[22]

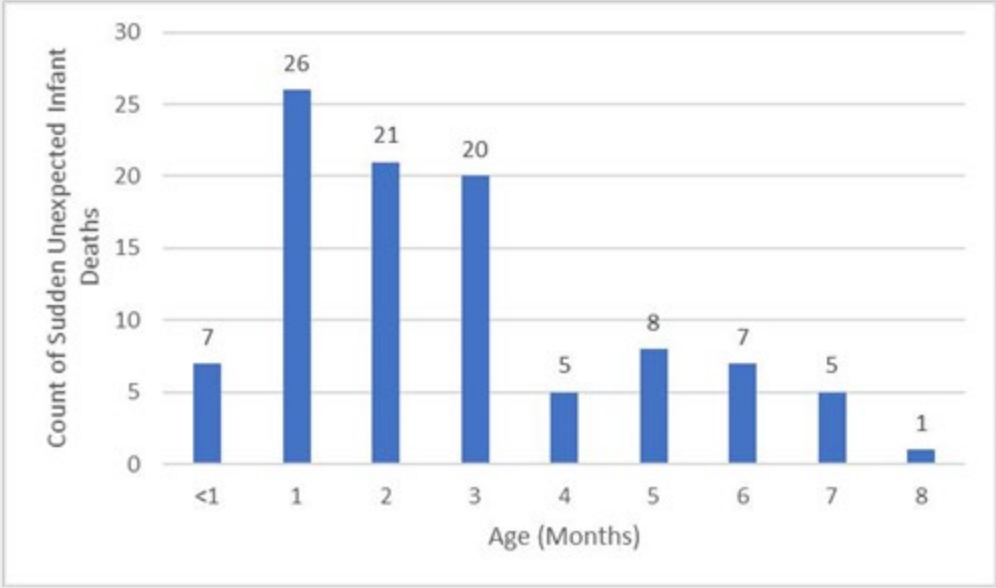


Figure 37. SUIDs Among Allegheny County Residents Aged <1 Year by Age, 2012-2020, N=100

[22] Safe to Sleep | Fast Facts About SIDS | National Institute of Child Health and Human Development

In Allegheny County, SUID impacts infants of different races disproportionately. Black infants made up 51% of SUID deaths in the county from 2011 to 2020, even though only 20% of the live births during this time were Black infants. The SUID rate was 4.5 times higher for Black infants than White infants during this time period. Male infants represented more SUID deaths as well, with 56% of SUID deaths in Allegheny County from 2011 to 2020 being male. The gender disparity was approximately equal between Black and White infants, with 57% of cases being male in both of these races.

Table 15. SUIDs Among Allegheny County Residents Aged <1 Year by Sex and by Race, 2011-2020, N=110

Sex		Race/Ethnicity				
Male	Female	White	Black	AI/AN	Other/Unknown	Hispanic
62	48	46	56	2	6	3
56%	44%	42%	51%	2%	5%	3%

***Note:** Hispanic ethnicity is coded separately from race in Pennsylvania death certificates and can include any race.

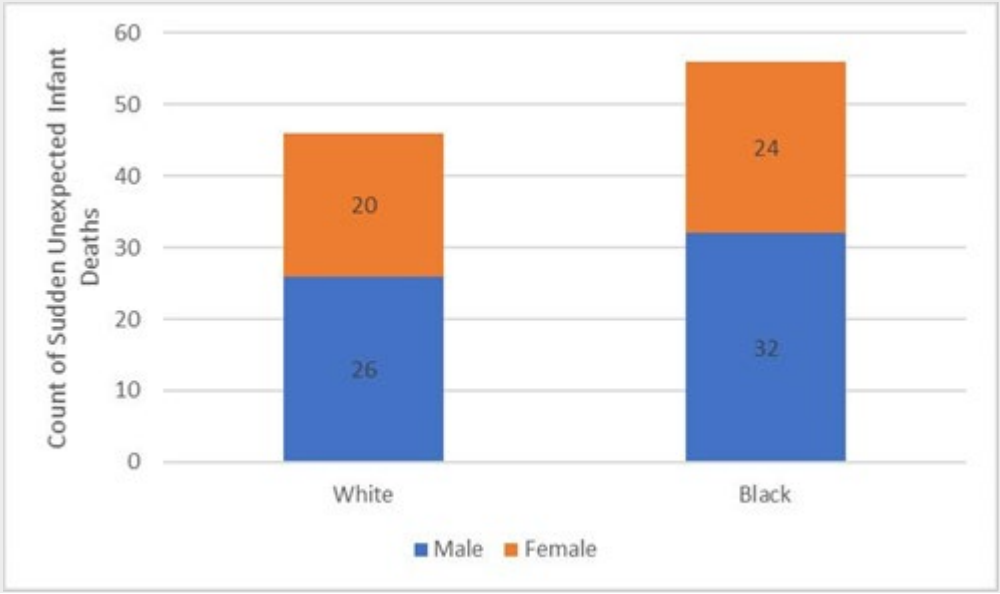


Figure 38. SUID Deaths Among White and Black Allegheny County Residents Aged <1 by Race and Sex, 2011-2020, N=110

Because unsafe sleep locations can contribute to SUID, it is important to determine the most common locations for SUID cases in Allegheny County. Figure 39 demonstrates that the single most common sleep location involved in SUID cases from 2018 to 2020 was an adult bed followed by a couch or futon. However, almost a third of SUID cases from 2018 to 2020 occurred in a safe sleep location (crib, bassinet, or Pack N Play) at 32.5%.

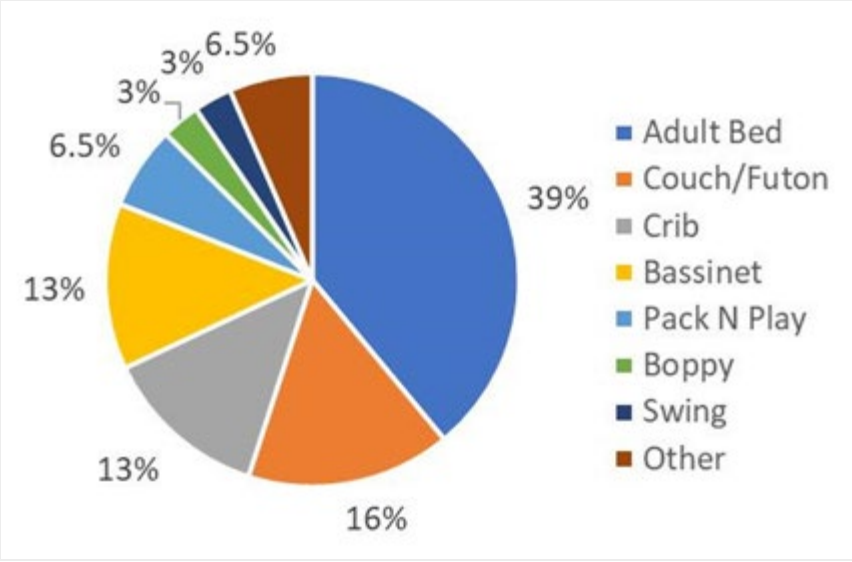


Figure 39. Sleep Location at Time of SUID in Allegheny County, 2018-2020

Major national risk factors for SUID include unsafe sleep locations and positions*, low socioeconomic status, and low maternal education level.[13] From 2018 to 2020, the ACCDRT collected information on the SUID cases they reviewed to identify prevalent risk factors that contributed to SUID in Allegheny County. A summary of the risk factors identified is listed in the box to the right.

The psychological and emotional impact of a SUID on family and community is significant. Many infant safe sleep deaths can be prevented by following safe sleep recommendations: sleeping alone, faceup, on a firm surface, and in an uncluttered crib.

*Safe sleep conditions are defined as the infant sleeping in the supine position in cribs, Pack N Plays, and bassinets that are free of objects, animals, and/or persons that can pose a risk to the infant.

SUID RISK FACTORS IDENTIFIED BY THE ACCDRT, 2018-2020:

- 94% of cases involved 1 or more unsafe sleep conditions*
- 74% of cases involved 2 or more unsafe sleep conditions*
- 48% of cases involved 3 or more unsafe sleep conditions*
- 65% of cases reported maternal history of drug use
- 57% of cases reported maternal history of tobacco use

SUDDEN UNEXPLAINED INFANT DEATH: PREVENTION RECOMMENDATIONS

The ACHD should collaborate with the Pittsburgh-based nonprofit organization Cribs for Kids to create a targeted safe sleep public education media campaign. Materials containing critical information on safe sleep practices and environments should be made available in all hospitals, free clinics, and WIC offices in Allegheny County. The ACHD should also utilize their social media accounts to promote their safe sleep campaign.

Rationale: CDR data suggests that a large number of SUID cases occurred in unsafe sleep environments. To be sure that all infant parents are aware of safe sleep guidelines, the information needs to be made widely available in all spaces where expectant and new infant parents frequent.

The ACHD should collaborate with the Allegheny County WIC (Special Supplemental Nutrition Program for Women, Infants and Children) Offices to create a safe sleep education program

Rationale: A large number of SUID cases happened in families that qualify for WIC. The ACCDRT recommends that WIC staff receive safe sleep education training and are required to incorporate safe sleep education in their interactions with clients. Additionally, WIC Offices should refer all clients in need of a crib or Pack N' Play to the nonprofit organization Cribs for Kids.

The ACHD should continue working with Allegheny County EMS to identify homes lacking safe sleep environments. EMS should be trained to:

- Implement rapid safe sleep assessment
- Provide onsite infant safe sleep education when assessment reveals risk
- Assist care givers in obtaining a crib or Pack N' Play with a referral to Cribs for Kids

Rationale: EMS work directly with the public and often interact with families that are at a higher risk for SUID cases.

Prenatal visits should include education on the risks associated with smoking, drug use, and alcohol use while pregnant. Screenings for drugs, STI's and other risks should be performed during prenatal visits.

Rationale: These activities, smoking in particular, are risk factors for SUID. Early screenings can help prevent many neonatal health issues.

Prenatal and postnatal visits must be made accessible with the use of public transit supplementation, support for the uninsured/under-insured, and the utilization of interpreters for all patients who do not speak English as their first language.

Rationale: Prenatal and postnatal care visits are used to screen for possible SUID risk factors. If a patient is unable to attend a visit due to lack of transportation or funds to pay for healthcare, critical issues could be missed. Interpreters must be used for all patients who do not speak English as their first language to ensure that all information given by medical professionals is understood.

All medical professionals in Allegheny County working in obstetrics, gynecology, and labor and delivery should be made aware of the significant disparities in the health outcomes for Black pregnant people and newborns compared to their White counterparts. These professionals should also be given proper diversity and cultural competence trainings.

Rationale: The CDR data shows that the SUID rate in Allegheny County in 2020 was 4.5 times higher for black families than it was for white families. Doctors and other medical professionals in Allegheny County must be trained to treat all patients, regardless of race or cultural background, equitably.

APPENDIX A: PUBLIC HEALTH CHILD DEATH REVIEW ACT

PUBLIC HEALTH CHILD DEATH REVIEW ACT
Act of Oct. 8, 2008, P.L. 1073, No. 87
AN ACT

Providing for child death review.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Short title.

This act shall be known and may be cited as the Public Health Child Death Review Act.

Section 2. Definitions.

The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"Child." An individual 21 years of age and under.

"Child death review data collection system." A data collection system approved by the National MCH Center for Child Death Review or a similar national organization.

"Department." The Department of Health of the Commonwealth.

"Local public health child death review team." A team representing a county or two or more counties comprised of professionals from organizations and local agencies who review cases of child deaths in accordance with protocols established by the State public health child death review team.

"Person in interest." A person authorized to permit the release of the medical records of a deceased child.

"Program." The Public Health Child Death Review Program established in section 3.

"State public health child death review team." A State multidisciplinary team comprised of local professionals and representatives of State agencies who review data submitted by local public health child death review teams, develop protocols for child death reviews and develop child death prevention strategies.

Section 3. Public Health Child Death Review Program.

(a) Establishment.--The department shall establish the Public Health Child Death Review Program which shall facilitate State and local multiagency, multidisciplinary teams to examine the circumstances surrounding deaths in this Commonwealth for the purpose of promoting safety and reducing child fatalities.

(b) Powers and duties.--The department, in cooperation with the State public health child death review team, shall have the following powers and duties in relation to the program:

(1) Assist in the establishment and coordination of local public health child death review teams.

(2) Coordinate the collection of child death data, including the development and distribution of a form to be used by local public health child death review teams to report information and procedures for sharing the data with State and local agencies as appropriate.

(3) Develop protocols to be used in the review of child deaths. These protocols shall not conflict with requirements set forth in 23 Pa.C.S. Ch. 63 (relating to child protective services), including, but not limited to, provisions relating to the review of child fatalities and near fatalities.

(4) Provide training and technical assistance to local public health child death review teams, local agencies and individuals relating to child deaths.

(5) Review reports from local public health child death review teams.

(6) Identify best prevention strategies and activities, including an assessment of the following:

(i) Effectiveness.

(ii) Ease of implementation.

(iii) Cost.

(iv) Sustainability.

(v) Potential community support.

(vi) Unintended consequences.

(7) Adopt programs, policies, recommendations, and strategies based on collected data to prevent child deaths.

(8) Review statutes and regulations relating to confidentiality and access to information relating to children from agencies responsible for the health and safety of children and propose recommended changes to appropriate Commonwealth agencies and the General Assembly.

(9) Provide public information and education regarding the incidence and causes of child injury and death and the reduction of risks to children to agencies, health care professionals, childcare professionals and the public.

(10) Submit an annual report to the Governor and the General Assembly by September of each year relating to the activities of the State child death review team, a summary of reports received from local child death review teams and recommendations relating to the reduction of risk of child injury or death.

Section 4. State public health child death review team.

(a) Composition.--A State public health child death review team shall be established by the department. The team shall consist of:

(1) The following individuals or their designees:

(i) The Secretary of Health, who shall serve as chairman.

(ii) The Secretary of Public Welfare.

(iii) The Director of the Office of Children, Youth and Families within the Department of Public Welfare.

(iv) The Commissioner of the Pennsylvania State Police.

(v) The Attorney General.

(vi) The Pennsylvania State Fire Commissioner.

(vii) The Director of the Bureau of Emergency Medical Services of the Department of Health.

(2) The following individuals who shall be appointed by the Secretary of Health:

(i) A physician who specializes in pediatric medicine.

(ii) A physician who specializes in family medicine.
(iii) A representative of local law enforcement.
(iv) A medical examiner.
(v) A district attorney.
(vi) A coroner.

(3) Representatives from local public health child death review teams.

(4) Any other individual deemed appropriate by the Secretary of Health.

(b) Powers and duties of the State public health child death review team.--The State public health child death review team shall:

(1) Review data submitted by local public health child death review teams.

(2) Develop protocols for child death reviews.

(3) Develop child death prevention strategies.

(4) Assist the department in implementing the program.

(c) Initial meeting.--The initial meeting of the State public health child death review team shall be held within 90 days of the effective date of this section.

(d) Additional meetings.--The department, in conjunction with the team, shall arrange for additional meetings to fulfill the duties of the team and goals of the program.

Compiler's Note: The Department of Public Welfare, referred to in this section, was redesignated as the

Department of Human Services by Act 132 of 2014.

The Secretary of Public Welfare, referred to in this section, was redesignated as the Secretary of Human Services

by Act 132 of 2014.

Section 5. Local public health child death review teams.

(a) Establishment.--Each county in this Commonwealth shall establish a local public health child death review team. Two or more counties may establish a local public health child death review team to operate on a regional basis to satisfy the requirements of this section.

(b) Local public health child death review team.--Local teams shall be comprised of the following:

(1) The director of the county children and youth agency or a designee.
(2) The district attorney or a designee.
(3) A representative of local law enforcement appointed by the county commissioners.
(4) A representative of the court of common pleas appointed by the president judge.
(5) A physician who specializes in pediatric or family medicine appointed by the county commissioners.
(6) The county coroner or medical examiner.
(7) A representative of emergency medical services selected jointly by the supervisors of all emergency medical organizations in the county.
(8) The director of a local public health agency or a designee.
(9) Any other person deemed appropriate by a majority of the local public health child death review team.

(c) Chairman.--The members of the local public health child death review team shall elect a chairman annually.

Section 6. Powers and duties of local public health child death review teams.

(a) Review.--A local public health child death review team shall review all deaths of children and may review the following information:
(1) Coroner's reports or postmortem examination records.
(2) Death certificates and birth certificates.
(3) Law enforcement records and interviews with law enforcement officials as long as the release of such records will not jeopardize an ongoing criminal investigation or proceeding.
(4) Medical records from hospitals and other health care providers.
(5) Information and reports made available by the county children and youth agency in accordance with 23 Pa.C.S. Ch. 63 (relating to child protective services).
(6) Information made available by firefighters or emergency services personnel.
(7) Reports and records made available by the court to the extent permitted by law or court rule.
(8) Reports to animal control.
(9) EMS records.
(10) Traffic fatality reports.
(11) Any other records necessary to conduct the review.

(b) Data collection.--The local public health child death review team shall utilize the child death review data collection system to report its findings in accordance with protocols established by the State public health child death review team. The name and home address of the deceased child shall not be reported to the child death review data collection system.

(c) Reports.--A local public health child death review team shall submit annual reports on deaths reviewed to the State public health child death review team. The report shall include the following:
(1) Identification of factors which cause a risk for injury and death, including modifiable risk factors.
(2) Recommendations regarding the following:
(i) The improvement of health and safety policies in this Commonwealth.
(ii) The coordination of services and investigations by child welfare agencies, medical officials, law enforcement and other agencies.

(3) Any other information required by the department.

(d) Recommendations.--A local public health child death review team shall make recommendations to local agencies relating to the procedures and other actions to reduce injury and death of children.

Section 7. Access to records.

(a) Juvenile records.--When deemed necessary for its review, a State or local public health child death review team may review and inspect all files and records of the court relating to a child pursuant to a proceeding under 42 Pa.C.S. Ch. 63 (relating to juvenile matters) in accordance with 42 Pa.C.S. § 6307 (relating to inspection of court files and records). However, this subsection shall not apply to files and records of the court subject to a child fatality or near fatality review pursuant to 23 Pa.C.S. Ch. 63 (relating to child protective services).

(b) Medical records.--Notwithstanding any other provision of law and consistent with the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191, 110 Stat. 1936), health care facilities and health care providers shall provide medical records of a child under review without the authorization of a person in interest to the State public health child

death review team and to a local public health child death review team for purposes of review under this act.

(c) Other records.--Other records pertaining to the child under review for the purposes of this act shall be open to inspection as permitted by law.

Section 8. Confidentiality.

(a) Maintenance.--State and local public health child death review teams shall maintain the confidentiality of any identifying information obtained relating to the death of a child, including the name of the child, guardians, family members, caretakers or alleged or suspected perpetrators of abuse, neglect or a criminal act.

(b) Agreement.--Each member of the State and local public health child death review team and any person appearing before the team shall sign a confidentiality agreement applicable to all proceedings and reviews conducted by the State or local public health child death review team.

(c) Liability.--An individual or agency that in good faith provides information or records to a State or local public health child death review team shall not be subject to civil or criminal liability as a result of providing the information or record.

(d) Discovery.--The proceedings, deliberations and records of a State or local public health child death review team are privileged and confidential and shall not be subject to discovery, subpoena or introduction into evidence in any civil or criminal action.

(e) Meetings.--Meetings of the State or local public health child death review team at which a specific child death is discussed shall be closed to the public and shall not be subject to the provisions of 65 Pa.C.S. Ch. 7 (relating to open meetings).

(f) Attendance.--Nothing in this act shall prevent a State or local public health child death review team from allowing the attendance of a person, including a parent, with information relevant to a review, at a child death review meeting.

(g) Penalty.--A person who violates the provisions of this section commits a misdemeanor of the third degree.

Section 20. Regulations.

The department shall promulgate regulations as necessary to carry out the purposes of this act.

Section 21. Effective date.

This act shall take effect in 90 days.